Variable Dictionary

Kansas Health Insurance Information System (KHIIS)

Draft
Based on 3rd Edition of the KHIIS Technical Manual

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Kansas Health Insurance Information System (KHIIS)

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August 18, 2005

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Introduction

The Kansas Department of Health and Environment (KDHE) is serving as the statistical agent for the purpose of gathering, receiving and compiling data required by the Kansas Insurance Department=s statistical plan K.S.A. 40-2251. The objectives of the statistical plan are to determine if rates are reasonable in relation to benefits provided and to identify benefits or provisions that may be unduly influencing health insurance costs. To achieve this goal, demographic information, insurance coverage provisions, and claims information is being collected for all covered lives in Kansas. The present data dictionary was produced based on the 3rd edition of the KHIIS Technical Manual (TM3) to provide assistance to those who use the KHIIS data for interpretation of variable relationships and to provide comment on data contained in the database for the collected data. Membership, summary and detail files are addressed separately.

Common Variable

Element Number: 00001M1S1D	**Descriptive Name:** NAIC Number	**Field Name:** NAICNO	**Definitions and References:** NAIC Number is the number assigned to a business entity. The insurer is identified by the company's NAIC number.	
Field Description: Length 6	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data	Fill Rate Expected (KHIIS Average) 100%
Security Level: Confidential	**Related Data:**	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-2 Var.1 Appendix B-4 Var. 1 Appendix B-5	
Intra Element Validation and References: Field contains 5 alpha/numeric characters with a trailing blank or 6 alpha/numeric characters.				
Inter Element Validation: This secondary key must be identical across membership, summary, and detail files. It must be identical across quarters and years of data submissions.			**Production Reports:** ad hoc, Standard Benefit Ratio Report **Modifications:** This field was 5 characters in TM2, but 6 in TM3.	
Data Source: NAIC publication of Company Listings	**External Reference:** The National Association of Insurance Commissioners (NAIC) is the organization of insurance regulators from the 50 states, the District of Columbia and the four U.S. territories. State insurance regulators created the NAIC in 1871 to address the need to coordinate regulation of multi-state insurers.			
Comments: NAIC number may vary across years between and within companies.				

Element Number: 00002M7S7D	**Descriptive Name:** Group Number	**Field Name:** GRPNO	**Definitions and References:** This identifies a group of individuals belonging to a health plan.	
Field Description:			Expected Value for Missing Data	Fill Rate Expected (KHIIS Average)
Length 30	Data Type Alpha/Numeric	Justification Left	blank	NA
Security Level: Restricted	**Related Data:**	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-2 Var.1 Appendix B-4 Var. 1 Appendix B-5	
Intra Element Validation and References: No special characters are allowed.				
Inter Element Validation: This secondary key must be identical across membership, summary, and detail files. It must be identical across quarters and years of data submissions.			**Production Reports:** ad hoc, Standard Benefit Ratio Report **Modifications:** This field was 9 characters in TM2, but 30 in TM3.	
Data Source: Insurer	**External Reference:**			
Comments: Individual insurance policies may not have group identification numbers.				

<table>
<tr><td>Element Number:
00003M1S1D</td><td>Descriptive Name:
Membership ID</td><td>Field Name:
MBRID</td><td colspan="2">Definitions and References:
The membership ID is a 32 character unique identifier consisting of a 30 character long family identifier (A) concatenated to a 2 character individual identifier (B). The 30 character identifier is unique to a family group. A two character unique identifier is assigned to each family member, is right justified with a leading zero as needed. For the active insured use 01; for the spouse use 02; for other dependents use 03, 04, etc. Each separate dependent must have a unique sequential designation.</td></tr>
<tr><td>Field Description:
<u>Length</u>
32</td><td><u>Data Type</u>
Alpha/Numeric</td><td><u>Justification</u>
Left</td><td><u>Expected Value for Missing Data</u></td><td><u>Fill Rate Expected (KHIIS Average)</u>
100%</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 3 Appendix B-2
Var. 1 Appendix B-4
Var. 1 Appendix B-5</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Blank spaces are allowed, but no special characters are allowed.</td></tr>
<tr><td colspan="3">Inter Element Validation:
This primary key must be identical across membership, summary, and detail files. It must be identical across quarters and years of data submissions.</td><td colspan="2">Production Reports:
ad hoc Reports, Standard Reports
Modifications:
This field was 20 characters in TM2, but 32 characters in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
External and internal consistency may vary across insurers and within submission periods for single insurer when insureds change policies mid-period.</td></tr>
</table>

<table>
<tr><td>Element Number:
00004M3S3D</td><td>Descriptive Name:
Patient ID Number</td><td>Field Name:
PATNO</td><td colspan="2">Definitions and References:
This is the last four digits of the individual's Social Security Number.</td></tr>
<tr><td>Field Description:
<u>Length</u>
4</td><td><u>Data Type</u>
Alpha/Numeric</td><td><u>Justification</u>
Left</td><td><u>Expected Value for Missing Data</u>
Blank</td><td><u>Fill Rate Expected (KHIIS Average)</u>
95%</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 4 Appendix B-2
Var. 3 Appendix B-4
Var. 3 Appendix B-5</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Only numeric characters are allowed.</td></tr>
<tr><td colspan="3">Inter Element Validation:
This secondary key must be identical across membership, summary, and detail files. It must be identical across quarters and years of data submissions.</td><td colspan="2">Production Reports:

Modifications:
This field remained unchanged from TM2 to TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Patient number is more frequently available in the membership file than the summary or detail files because Social Security Number is not required for claims payment. Since HIPAA implementation, fewer insurance companies are actually collecting SSN for use in KHIIS database. Also, patient number is sporadically for Med Supp data.</td></tr>
</table>

<table>
<tr><td>Element Number:
00005M4S4D</td><td>Descriptive Name:
Patient Date of Birth</td><td>Field Name:
PATDOB</td><td colspan="2">Definitions and References:
This is the date of birth of the patient (individual member or dependent).</td></tr>
<tr><td>Field Description:
<u>Length</u>
8</td><td><u>Data Type</u>
CCYYMMDD</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
95%</td></tr>
<tr><td>Security Level:
Confidential</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 5 Appendix B-2
Var. 4 Appendix B-4
Var. 4 Appendix B-5</td></tr>
<tr><td colspan="5">Intra Element Validation and References:</td></tr>
<tr><td colspan="2">Inter Element Validation:
This secondary key must be identical across membership, summary, and detail files. It must be identical across quarters and years of data submissions.</td><td colspan="3">Production Reports:
ad hoc, Standard Benefit Ratio Report
Modifications:
This field remained unchanged from TM2 to TM3.</td></tr>
<tr><td>Data Source:
CMS-1500 fl 9B or UB92 fl 14.</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Patient date of birth is more frequently available in the membership file than the summary or detail files because DOB is not required for claims payment.</td></tr>
</table>

<table>
<tr><td>Element Number:
00006M5S5D</td><td>Descriptive Name:
Patient Gender Code</td><td>Field Name:
PATSEX</td><td colspan="2">Definitions and References:
The gender of the patent is coded as M = Male, F = Female, or U = Unknown.</td></tr>
<tr><td>Field Description:
<u>Length</u>
1</td><td><u>Data Type</u>
Alpha/Numeric</td><td><u>Justification</u>
Left</td><td><u>Expected Value for Missing Data</u>
U</td><td><u>Fill Rate Expected (KHIIS Average)</u>
100%</td></tr>
<tr><td>Security Level:</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 6 Appendix B-2
Var. 5 Appendix B-4
Var. 5 Appendix B-5</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Only characters M, F or U are allowed.</td></tr>
<tr><td colspan="3">Inter Element Validation:
This secondary key must be identical across membership, summary, and detail files. It must be identical across quarters and years of data submissions.</td><td colspan="2">Production Reports:

Modifications:
The category U (Unknown) was added in TM3.</td></tr>
<tr><td>Data Source:
CMS-1500 fl 9B2 or UB92 fl 15.</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Patient gender is more frequently available in the membership file than the summary or detail files because gender is not required claims payment.</td></tr>
</table>

<table>
<tr><td>Element Number:
0007M14S</td><td>Descriptive Name:
Individual Relationship Code</td><td>Field Name:
MBRSTS</td><td colspan="2">Definitions and References:
Designates the relationship of the person for whom the claim is filed to the primary insured.</td></tr>
<tr><td>Field Description:
<u>Length</u>
2</td><td><u>Data Type</u>
Alpha/Numeric</td><td><u>Justification</u>
Left</td><td><u>Expected Value for Missing Data</u>
Blank</td><td><u>Fill Rate Expected (KHIIS Average)</u>
95%</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
MBRID</td><td>Table Reference:
Standard Individual Relationship Table</td><td colspan="2">TM3 Reference:

Var. 14 Appendix B-4</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
No special characters are allowed.</td></tr>
<tr><td colspan="3">Inter Element Validation:
This secondary key must be identical across membership and COMMON FILEs. It must be identical across quarters and years of data submissions.</td><td colspan="2">Production Reports:
ad hoc, Standard Benefit Ratio Report, Premium to Cost Ratio Report, Mental Health Parity Report, Mental Health Trends Report, Major Medical Cost Report, Pharmaceutical Cost Report
Modifications:
This field was 1 character in TM2, but 2 in TM3. Also, new values were assigned based on HIPAA standards.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:</td></tr>
</table>

<table>
<tr><td>Element Number:
00002S2D</td><td>Descriptive Name:
Claim Number</td><td>Field Name:
CLMNO</td><td colspan="2">Definitions and References:
Claim tracking number is assigned by the payer. A claim number may have more than one line item.</td></tr>
<tr><td>Field Description:
<u>Length</u>
20</td><td><u>Data Type</u>
Alpha/Numeric</td><td><u>Justification</u>
Left</td><td><u>Expected Value for Missing Data</u></td><td><u>Fill Rate Expected (KHIIS Average)</u>
100%</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
LINENO</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 2. Appendix B-4
Var. 2. Appendix B-5</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
No special characters are allowed.</td></tr>
<tr><td colspan="3">Inter Element Validation:
This secondary key must be identical across summary, and detail files. It must be identical across quarters and years of data submissions for a particular claim.</td><td colspan="2">Production Reports:
ad hoc Reports, Standard Reports
Modifications:
This field was 18 characters in TM2, but 20 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Claim number assignment is unstandardized across companies. Some companies assign a year long single claim number for all claims and require advising for claim number construction.</td></tr>
</table>

Membership Files

Element Number: 00008M	**Descriptive Name:** Plan Type	**Field Name:** PLNTYP	**Definitions and References:** Healthcare plan types are categories which describe the general way a insurer will administer a member's claims. The KHIIS database allows the following plan types: Indemnity Plan, PPO (Preferred Provider Organization), HMO (Health Maintenance Organization), POS (Point of Service), Supplemental Policy, and Ancillary.	
Field Description: Length 1	Data Type Alpha/Numeric	Justification left	Expected Value for Missing Data blank	Fill Rate Expected (KHIIS Average) 95%
Security Level: Confidential	**Related Data:**	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-2	
Intra Element Validation and References: Only alpha numeric characters are allowed and must be one of these values: 1,2,3,4,5,6. See comments for the definitions of the values.				
Inter Element Validation:			**Production Reports:** ad hoc, Standard Benefit Ratio Report, Premium to Cost Ratio Report, Mental Health Parity Report, Mental Health Trends Report, Major Medical Cost Report, Pharmaceutical Cost Report **Modifications:** This field remained unchanged from TM2 to TM3.	
Data Source: Insurer	**External Reference:**			
Comments: Most companies are able to report this data.				

<table>
<tr><td>Element Number:
00009M</td><td>Descriptive Name:
Product Type</td><td>Field Name:
PRDTYP</td><td colspan="2">Definitions and References:
This is a supplemental code to further identify the administration qualities of a particular healthcare plan. The KHIIS database allows Medical/Health Coverage, Drug, Dental, Cancer, Hospitalization, and Other.</td></tr>
<tr><td>Field Description:
<u>Length</u>
1</td><td><u>Data Type</u>
Alpha/Numeric</td><td><u>Justification</u>
Left</td><td><u>Expected Value for Missing Data</u>
Blank</td><td><u>Fill Rate Expected (KHIIS Average)</u>
95%</td></tr>
<tr><td>Security Level:
Confidential</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Only alpha numeric characters or a blank are allowed and must be one of these values: blank,1,2,3,4,5,6. See comments for the definitions of the values.</td></tr>
<tr><td colspan="3">Inter Element Validation:</td><td colspan="2">Production Reports:
ad hoc, Standard Benefit Ratio Report, Premium to Cost Ratio Report, Mental Health Parity Report, Mental Health Trends Report, Major Medical Cost Report, Pharmaceutical Cost Report
Modifications:
This field remained unchanged from TM2 to TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:</td></tr>
</table>

<table>
<tr><td>Element Number:
00010M</td><td>Descriptive Name:
Product Description</td><td>Field Name:
PRDDES</td><td colspan="2">Definitions and References:
This is used to identify company specific plans that cannot be fully differentiated through use of the Plan Type and Product Type variables.</td></tr>
<tr><td>Field Description:
<u>Length</u>
1</td><td><u>Data Type</u>
Alpha/Numeric</td><td><u>Justification</u>
Left</td><td><u>Expected Value for Missing Data</u>
Blank</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
See individual company data dictionaries.</td></tr>
<tr><td colspan="3">Inter Element Validation:</td><td colspan="2">Production Reports:

Modifications:
This field remained unchanged from TM2 to TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:
See individual company data dictionaries.</td></tr>
<tr><td colspan="5">Comments:
May be used to designate individual versus ERISA data and Medicare Supplement data as well as other companies specific information.</td></tr>
</table>

<table>
<tr><td>Element Number:
00011M</td><td>Descriptive Name:
Drug Coverage Indicator</td><td>Field Name:
DRGIND</td><td colspan="2">Definitions and References:
If a member has prescription medication coverage included in the monthly premium for the medical/health insurance plan this indicator should equal 'Y' for Yes. If prescription coverage is through an ancillary drug plan, with a separate premium, this field should equal 'Y' for Yes and the drug plan detailed in the record with the plan type, product type, monthly premium, and plan provisions. If drug coverage is not included in the health/medical plan the value for this field should be 'N' for No.</td></tr>
<tr><td>Field Description:
<u>Length</u>
1</td><td><u>Data Type</u>
Alpha/Numeric</td><td><u>Justification</u>
left</td><td><u>Expected Value for Missing Data</u>
blank</td><td><u>Fill Rate Expected (KHIIS Average)</u>
95%</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
PRDTYP, PLNTYP</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Special characters are not allowed.</td></tr>
<tr><td colspan="3">Inter Element Validation:</td><td colspan="2">Production Reports:
Pharmaceutical Cost Report, ad hoc Reports
Modifications:
This field remained unchanged from TM2 to TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Drug payments may be found where DRGIND = N for embedded health coverage.</td></tr>
</table>

<table>
<tr><td>Element Number:
00012M</td><td>Descriptive Name:
Dental Coverage Indicator</td><td>Field Name:
DNTIND</td><td colspan="2">Definitions and References:
If a member has dental care coverage included in the monthly premium for the medical/health insurance plan this indicator should equal "Y" for Yes. If dental care coverage is through an ancillary dental plan, with a separate premium, this field should equal "Y" for Yes and the dental plan detailed in the record with the plan type, product type, monthly premium, and plan provisions. If dental coverage is not included in the health/medical plan the value for this field should be "N" for No.</td></tr>
<tr><td>Field Description:
<u>Length</u>
1</td><td><u>Data Type</u>
Alpha/Numeric</td><td><u>Justification</u>
Left</td><td><u>Expected Value for Missing Data</u>
Blank</td><td><u>Fill Rate Expected (KHIIS Average)</u>
95%</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
PRDTYP, PLNTYP</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Special characters are not allowed.</td></tr>
<tr><td colspan="3">Inter Element Validation:</td><td colspan="2">Production Reports:
ad hoc Reports, Standard Reports
Modifications:
This field remained unchanged from TM2 to TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Dental payments may be found where DNTIND = N for embedded health coverage; commonly found for dental care including accidents.</td></tr>
</table>

<table>
<tr><td>Element Number:
00013M</td><td>Descriptive Name:
Eligibility Period Starting Date</td><td>Field Name:
RPSDTE</td><td colspan="2">Definitions and References:
This is the initial date the individual was covered by the plan as opposed to the beginning date of the period.</td></tr>
<tr><td>Field Description:
<u>Length</u>
8</td><td><u>Data Type</u>
CCYYMMDD</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
100%</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
RPEDTE, ELGMOS</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:</td></tr>
<tr><td colspan="3">Inter Element Validation:</td><td colspan="2">Production Reports:
ad hoc, Standard Benefit Ratio Report, Premium to Cost Ratio Report, Mental Health Parity Report, Mental Health Trends Report, Major Medical Cost Report, Pharmaceutical Cost Report
Modifications:
The definition of this field changed between TM2 and TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:</td></tr>
</table>

<table>
<tr><td>Element Number:
00014M</td><td>Descriptive Name:
Eligibility Period Ending Date</td><td>Field Name:
RPEDTE</td><td colspan="2">Definitions and References:
This is either the Period Ending Date, as found in the header file, or the last date an individual was covered by the insurance plan, whichever is the first or earliest date. This may vary among plans in the event an individual drops coverage at some point during the reporting period.</td></tr>
<tr><td>Field Description:
<u>Length</u>
8</td><td><u>Data Type</u>
CCYYMMDD</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
100%</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
RPSDTE, ELGMOS</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:</td></tr>
<tr><td colspan="3">Inter Element Validation:</td><td colspan="2">Production Reports:
ad hoc, Standard Benefit Ratio Report, Premium to Cost Ratio Report, Mental Health Parity Report, Mental Health Trends Report, Major Medical Cost Report, Pharmaceutical Cost Report
Modifications:
This field remained unchanged from TM2 to TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
This variable is sometimes misunderstood and may be hard coded to the end of the reporting period in error.</td></tr>
</table>

Element Number: 00015M	**Descriptive Name:** Eligible Months in Reporting Period	**Field Name:** ELGMOS	**Definitions and References:** This is the number of months, within the reporting period that an individual is eligible for insurance benefits for the corresponding plan.	
Field Description: Length 2	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** RPSDTE, RPEDTE	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-2	
Intra Element Validation and References: Numeric data that is produced from a calculation requiring valid RPSDTE and RPEDTE fields, and data quarter and year of submission.				
Inter Element Validation: RPSDTE and RPEDTE fields must be valid for the period selected.			**Production Reports:** ad hoc, Standard Benefit Ratio Report, Premium to Cost Ratio Report, Mental Health Parity Report, Mental Health Trends Report, Major Medical Cost Report, Pharmaceutical Cost Report **Modifications:** This field remained unchanged from TM2 to TM3.	
Data Source: KDHE	**External Reference:**			
Comments:				

<table>
<tr><td>Element Number:
00016M</td><td>Descriptive Name:
Monthly Premium</td><td>Field Name:
MONPRM</td><td colspan="2">Definitions and References:
The premium attributed to providing all coverage(s) for an individual and dependents (spouse and/or other dependents). The family group monthly premium is totalled in the insured's record.</td></tr>
<tr><td>Field Description:
<u>Length</u>
11.2</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
95%</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:</td><td colspan="2">Production Reports:
ad hoc, Standard Benefit Ratio Report, Premium to Cost Ratio Report, Mental Health Parity Report, Mental Health Trends Report, Major Medical Cost Report, Pharmaceutical Cost Report
Modifications:
This field was 6.2 numerics in TM2, but 11.2 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Some dental, pharmaceutical and medicare supplemental policies do not contain monthly premium information. Multiple premiums may be found for a family group when separate ancillary/supplemental coverages are purchased.</td></tr>
</table>

<table>
<tr><td>Element Number:
00017M</td><td>Descriptive Name:
Max Individual Deductible (Fac)</td><td>Field Name:
MXIDEF</td><td colspan="2">Definitions and References:
The total out of pocket expense that an individual is responsible for within a plan year before the insurer pays the full cost of services excluding co-payments and co-insurance when applicable. This applies to the Medical/Health coverage provisions for facilities.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
MXIDEF, MXFDEF, COPAYF, COINSF, MXICOF, MXFCOF are a set of facility data, although independent of one another.</td></tr>
</table>

<table>
<tr><td>Element Number:
00018M</td><td>Descriptive Name:
Max Family Deductible (Fac)</td><td>Field Name:
MXFDEF</td><td colspan="2">Definitions and References:
The total out of pocket expense that a family would incur within a plan year before the insurer pays the full cost of services excluding co-payments and co-insurance when applicable. This applies to the Medical/Health coverage provisions for facilities.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
MXIDEF, MXFDEF, COPAYF, COINSF, MXICOF, MXFCOF are a set of facility data, although independent of one another.</td></tr>
</table>

<table>
<tr><td>Element Number:
00019M</td><td>Descriptive Name:
Copay (Fac)</td><td>Field Name:
COPAYF</td><td colspan="2">Definitions and References:
The pre-set, fixed-dollar amount that the individual is responsible for with each episode of care. This applies to the Medical/Health coverage provisions for facilities.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 7 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
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</table>

<table>
<tr><td>Element Number:
00020M</td><td>Descriptive Name:
Coinsurance (Fac)</td><td>Field Name:
COINSF</td><td colspan="2">Definitions and References:
The proportion of the cost of health care services that is the member's responsibility to pay. This is commonly reported as a percentage. For the KHIIS database, report the proportion or fractional amount rather than a percentage. For example, for a 20% co-insurance submit 020. This applies to the Medical/Health coverage provisions for facilities.</td></tr>
<tr><td>Field Description:
Length
3.2</td><td>Data Type
Numeric</td><td>Justification
Right</td><td>Expected Value for Missing Data
Null</td><td>Fill Rate Expected (KHIIS Average)
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field remained unchanged from TM2 to TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
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</table>

<table>
<tr><td>Element Number:
00021M</td><td>Descriptive Name:
Max Individual Coinsurance (Fac)</td><td>Field Name:
MXICOF</td><td colspan="2">Definitions and References:
The maximum amount of co-insurance an individual is responsible for within a plan year. This applies to the Medical/Health coverage provisions for facilities.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
MXIDEF, MXFDEF, COPAYF, COINSF, MXICOF, MXFCOF are a set of facility data, although independent of one another.</td></tr>
</table>

<table>
<tr><td>Element Number:
00022M</td><td>Descriptive Name:
Max Family Coinsurance (Fac)</td><td>Field Name:
MXFCOF</td><td colspan="2">Definitions and References:
The maximum amount of co-insurance a family is responsible for within a plan year. This applies to the Medical/Health coverage provisions for facilities.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
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</table>

<table>
<tr><td>Element Number:
00023M</td><td>Descriptive Name:
Max Individual Deductible (Prof)</td><td>Field Name:
MXIDEP</td><td colspan="2">Definitions and References:
The total out of pocket expense that an individual is responsible for within a plan year before the insurer pays the full cost of services excluding co-payments and co-insurance when applicable. This applies to the Medical/Health coverage provisions for Professional Services.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
MXIDEP, MXFDEP, COPAYP, COINSP, MXICOP, MXFCOP are a set of facility data, although independent of one another.</td></tr>
</table>

<table>
<tr><td>Element Number:
00024M</td><td>Descriptive Name:
Max Family Deductible (Prof)</td><td>Field Name:
MXFDEP</td><td colspan="2">Definitions and References:
The total out of pocket expense that a family would incur within a plan year before the insurer pays the full cost of services excluding co-payments and co-insurance when applicable. This applies to the Medical/Health coverage provisions for Professional Services.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
MXIDEP, MXFDEP, COPAYP, COINSP, MXICOP, MXFCOP are a set of facility data, although independent of one another.</td></tr>
</table>

<table>
<tr><td>Element Number:
00025M</td><td>Descriptive Name:
Copay (Prof)</td><td>Field Name:
COPAYP</td><td colspan="2">Definitions and References:
The pre-set, fixed-dollar amount that the individual is responsible for with each episode of care. This applies to the Medical/Health coverage provisions for Professional Services.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

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<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 7 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
MXIDEP, MXFDEP, COPAYP, COINSP, MXICOP, MXFCOP are a set of facility data, although independent of one another.</td></tr>
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<table>
<tr><td>Element Number:
00026M</td><td>Descriptive Name:
Coinsurance (Prof)</td><td>Field Name:
COINSP</td><td colspan="2">Definitions and References:
The proportion of the cost of health care services that is the member's responsibility to pay. This is commonly reported as a percentage. For the KHIIS database, report the proportion or fractional amount rather than a percentage. For example, for a 20% co-insurance submit 020. This applies to the Medical/Health coverage provisions for Professional Services.</td></tr>
<tr><td>Field Description:
<u>Length</u>
3.2</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field remained unchanged from TM2 to TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
MXIDEP, MXFDEP, COPAYP, COINSP, MXICOP, MXFCOP are a set of facility data, although independent of one another.</td></tr>
</table>

<table>
<tr><td>Element Number:
00027M</td><td>Descriptive Name:
Max Individual Coinsurance (Prof)</td><td>Field Name:
MXICOP</td><td colspan="2">Definitions and References:
The maximum amount of co-insurance an individual is responsible for within a plan year. This applies to the Medical/Health coverage provisions for Professional Services.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
MXIDEP, MXFDEP, COPAYP, COINSP, MXICOP, MXFCOP are a set of facility data, although independent of one another.</td></tr>
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<table>
<tr><td>Element Number:
00028M</td><td>Descriptive Name:
Max Family Coinsurance (Prof)</td><td>Field Name:
MXFCOP</td><td colspan="2">Definitions and References:
The maximum amount of co-insurance a family is responsible for within a plan year. This applies to the Medical/Health coverage provisions for Professional Services.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
MXIDEP, MXFDEP, COPAYP, COINSP, MXICOP, MXFCOP</td></tr>
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<table>
<tr><td>Element Number:
00029M</td><td>Descriptive Name:
Max Individual Deductible (Other)</td><td>Field Name:
MXIDEO</td><td colspan="2">Definitions and References:
The total out of pocket expense that an individual is responsible for within a plan year before the insurer pays the full cost of services excluding co-payments and co-insurance when applicable. This applies to the Medical/Health coverage provisions for Other Services.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
MXIDEO, MXFDEO, COPAYO, COINSO, MXICOO, MSFCOO are a set of facility data, although independent of one another.</td></tr>
</table>

<table>
<tr><td>Element Number:
00030M</td><td>Descriptive Name:
Max Family Deductible (Other)</td><td>Field Name:
MXFDEO</td><td colspan="2">Definitions and References:
The total out of pocket expense that a family would incur within a plan year before the insurer pays the full cost of services excluding co-payments and co-insurance when applicable. This applies to the Medical/Health coverage provisions for Other Services.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
MXIDEO, MXFDEO, COPAYO, COINSO, MXICOO, MSFCOO are a set of facility data, although independent of one another.</td></tr>
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<table>
<tr><td>Element Number:
00031M</td><td>Descriptive Name:
Copay (Other)</td><td>Field Name:
COPAYO</td><td colspan="2">Definitions and References:
The pre-set, fixed-dollar amount that the individual is responsible for with each episode of care. This applies to the Medical/Health coverage provisions for Other Services.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 7 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
MXIDEO, MXFDEO, COPAYO, COINSO, MXICOO, MSFCOO are a set of facility data, although independent of one another.</td></tr>
</table>

<table>
<tr><td>Element Number:
00032M</td><td>Descriptive Name:
Coinsurance (Other)</td><td>Field Name:
COINSO</td><td colspan="2">Definitions and References:
The proportion of the cost of health care services that is the member's responsibility to pay. This is commonly reported as a percentage. For the KHIIS database, report the proportion or fractional amount rather than a percentage. For example, for a 20% co-insurance submit 020. This applies to the Medical/Health coverage provisions for Other Services.</td></tr>
<tr><td>Field Description:
<u>Length</u>
3.2</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field remained unchanged from TM2 to TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
MXIDEO, MXFDEO, COPAYO, COINSO, MXICOO, MSFCOO are a set of facility data, although independent of one another.</td></tr>
</table>

Element Number: 00033M	**Descriptive Name:** Max Individual Coinsurance (Other)	**Field Name:** MXICOO	**Definitions and References:** The maximum amount of co-insurance an individual is responsible for within a plan year. This applies to the Medical/Health coverage provisions for Other Services.	
Field Description:				
Length 9.0	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:**	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-2	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** This field was 5 numerics in TM2, but 9 in TM3.	
Data Source: Insurer	**External Reference:**			
Comments: MXIDEO, MXFDEO, COPAYO, COINSO, MXICOO, MSFCOO are a set of facility data, although independent of one another.				

<table>
<tr><td>Element Number:
00034M</td><td>Descriptive Name:
Max Family Coinsurance (Comb)</td><td>Field Name:
MXFCOO</td><td colspan="2">Definitions and References:
The maximum amount of co-insurance a family is responsible for within a plan year. This applies to the Medical/Health coverage provisions for Other Services.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
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</table>

<table>
<tr><td>Element Number:
00035M</td><td>Descriptive Name:
Max Individual Deductible (Comb)</td><td>Field Name:
MXIDEC</td><td colspan="2">Definitions and References:
The total out of pocket expense that an individual is responsible for within a plan year before the insurer pays the full cost of services excluding co-payments and co-insurance when applicable. This applies to the Medical/Health coverage provisions for combined.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
MXIDEC, MXFDEC, COPAYC, COINSC, MXICOC, MXFCOC are a set of facility data, although independent of one another.</td></tr>
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<table>
<tr><td>Element Number:
00036M</td><td>Descriptive Name:
Max Family Deductible (Comb)</td><td>Field Name:
MXFDEC</td><td colspan="2">Definitions and References:
The total out of pocket expense that a family would incur within a plan year before the insurer pays the full cost of services excluding co-payments and co-insurance when applicable. This applies to the Medical/Health coverage provisions for combined.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
MXIDEC, MXFDEC, COPAYC, COINSC, MXICOC, MXFCOC are a set of facility data, although independent of one another.</td></tr>
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<table>
<tr><td>Element Number:
00037M</td><td>Descriptive Name:
Copay (Comb)</td><td>Field Name:
COPAYC</td><td colspan="2">Definitions and References:
The pre-set, fixed-dollar amount that the individual is responsible for with each episode of care. This applies to the Medical/Health coverage provisions for combined.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 7 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
MXIDEC, MXFDEC, COPAYC, COINSC, MXICOC, MXFCOC are a set of facility data, although independent of one another.</td></tr>
</table>

<table>
<tr><td>Element Number:
00038M</td><td>Descriptive Name:
Coinsurance (Comb)</td><td>Field Name:
COINSC</td><td colspan="2">Definitions and References:
The proportion of the cost of health care services that is the member's responsibility to pay. This is commonly reported as a percentage. For the KHIIS database, report the proportion or fractional amount rather than a percentage. For example, for a 20% co-insurance submit 020. This applies to the Medical/Health coverage provisions for combined.</td></tr>
<tr><td>Field Description:
<u>Length</u>
3.2</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field remained unchanged from TM2 to TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
MXIDEC, MXFDEC, COPAYC, COINSC, MXICOC, MXFCOC are a set of facility data, although independent of one another.</td></tr>
</table>

<table>
<tr><td>Element Number:
00039M</td><td>Descriptive Name:
Max Individual Coinsurance (Comb)</td><td>Field Name:
MXICOC</td><td colspan="2">Definitions and References:
The maximum amount of co-insurance an individual is responsible for within a plan year. This applies to the Medical/Health coverage provisions for combined Services.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
MXIDEC, MXFDEC, COPAYC, COINSC, MXICOC, MXFCOC are a set of facility data, although independent of one another.</td></tr>
</table>

<table>
<tr><td>Element Number:
00040M</td><td>Descriptive Name:
Max Family Coinsurance (Comb)</td><td>Field Name:
MXFCOC</td><td colspan="2">Definitions and References:
The maximum amount of co-insurance a family is responsible for within a plan year. This applies to the Medical/Health coverage provisions for combined.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
MXIDEC, MXFDEC, COPAYC, COINSC, MXICOC, MXFCOC are a set of facility data, although independent of one another.</td></tr>
</table>

<table>
<tr><td>Element Number:
00041M</td><td>Descriptive Name:
Drug Tier Code</td><td>Field Name:
DGTCD</td><td colspan="2">Definitions and References:
The number of tiers (or levels) of co-payment and/or coinsurance. That is, co-payment/coinsurance combinations may depend upon whether a drug is generic formulary, generic non-formulary, brand name formulary, or brand name non-formulary. The number of different co-pay/coinsurance combinations is the drug tier code.</td></tr>
<tr><td>Field Description:
<u>Length</u>
1</td><td>
<u>Data Type</u>
Alpha/Numeric</td><td>
<u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
DGCOPGF, DGCOPGN, DGCOPBF, DGCOPBN, DGCOPO, DGCOIGF, DGCOIGN, DGCOIBF, DGCOIBN, DGCOIO, DGIDED, DGFDED, DGICOI, DGFCOI</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
New with TM3</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:</td></tr>
</table>

Element Number: 00042M	**Descriptive Name:** Drug Copay Amount - Generic Formulary	**Field Name:** DGCOPGF	**Definitions and References:** The pre-set, fixed-dollar, amount for which the individual is responsible for each prescription of a generic drug contained in the formulary.	
Field Description: Length 9.0	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** DGTCD, DGCOPGN, DGCOPBF, DGCOPBN, DGCOPO, DGCOIGF, DGCOIGN, DGCOIBF, DGCOIBN, DGCOIO, DGIDED, DGFDED, DGICOI, DGFCOI	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-2	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** New with TM3	
Data Source: Insurer	**External Reference:**			
Comments:				

Element Number: 00043M	**Descriptive Name:** Drug Copay Amount - Generic Non-Formulary	**Field Name:** DGCOPGN	**Definitions and References:** The pre-set, fixed-dollar, amount for which the individual is responsible for each prescription of a generic drug not contained in the formulary.	
Field Description: **Length** 9.0	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** DGTCD, DGCOPGF, DGCOPBF, DGCOPBN, DGCOPO, DGCOIGF, DGCOIGN, DGCOIBF, DGCOIBN, DGCOIO, DGIDED, DGFDED, DGICOI, DGFCOI	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-2	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** New with TM3	
Data Source: Insurer	**External Reference:**			
Comments:				

Element Number: 00044M	**Descriptive Name:** Drug Copay Amount - Brand Name Formulary	**Field Name:** DGCOPBF	**Definitions and References:** The pre-set, fixed-dollar, amount for which the individual is responsible for each prescription of a brand name drug contained in the formulary.	
Field Description: Length 9.0	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** DGTCD, DGCOPGF, DGCOPGN, DGCOPBN, DGCOPO, DGCOIGF, DGCOIGN, DGCOIBF, DGCOIBN, DGCOIO, DGIDED, DGFDED, DGICOI, DGFCOI	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-2	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** New with TM3	
Data Source: Insurer	**External Reference:**			
Comments:				

Element Number: 00045M	**Descriptive Name:** Drug Copay Amount - Brand Name Non-Formulary	**Field Name:** DGCOPBN	**Definitions and References:** The pre-set, fixed-dollar, amount for which the individual is responsible for each prescription of a brand name drug not contained in the formulary.	
Field Description:			Expected Value for Missing Data	Fill Rate Expected (KHIIS Average)
Length 9.0	Data Type Numeric	Justification right	Null	NA
Security Level: Restricted	**Related Data:** DGTCD, DGCOPGF, DGCOPGN, DGCOPBF, DGCOPO, DGCOIGF, DGCOIGN, DGCOIBF, DGCOIBN, DGCOIO, DGIDED, DGFDED, DGICOI, DGFCOI	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-2	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** New with TM3	
Data Source: Insurer	**External Reference:**			
Comments:				

Element Number: 00046M	**Descriptive Name:** Drug Copay Amount - Other	**Field Name:** DGCOPO	**Definitions and References:** The pre-set, fixed-dollar, amount for which the individual is responsible for each prescription of a drug not in other drug copay categories.	
Field Description:				
Length 9.0	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** DGTCD, DGCOPGF, DGCOPGN, DGCOPBF, DGCOPBN, DGCOIGF, DGCOIGN, DGCOIBF, DGCOIBN, DGCOIO, DGIDED, DGFDED, DGICOI, DGFCOI	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-2	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** New with TM3	
Data Source: Insurer	**External Reference:**			
Comments:				

<table>
<tr><td>Element Number:
00047M</td><td>Descriptive Name:
Drug Coinsurance Percent - Generic Formulary</td><td>Field Name:
DGCOIGF</td><td colspan="2">Definitions and References:
The percent of the cost of the prescription for which the individual is responsible, for a generic drug contained in the formulary.</td></tr>
<tr><td>Field Description:
<u>Length</u>
3.2</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
DGTCD, DGCOPGF, DGCOPGN, DGCOPBF, DGCOPBN, DGCOPO, DGCOIGN, DGCOIBF, DGCOIBN, DGCOIO, DGIDED, DGFDED, DGICOI, DGFCOI</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
New with TM3</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:</td></tr>
</table>

Element Number: 00048M	**Descriptive Name:** Drug Coinsurance Percent - Generic Non-Formulary	**Field Name:** DGCOIGN	**Definitions and References:** The percent of the cost of the prescription for which the individual is responsible, for a generic drug not contained in the formulary.	
Field Description:				
Length 3.2	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** DGTCD, DGCOPGF, DGCOPGN, DGCOPBF, DGCOPBN, DGCOPO, DGCOIGF, DGCOIBF, DGCOIBN, DGCOIO, DGIDED, DGFDED, DGICOI, DGFCOI	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-2	
Intra Element Validation and References: Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** New with TM3	
Data Source: Company policy document	**External Reference:**			
Comments:				

<table>
<tr><td>Element Number:
00049M</td><td>Descriptive Name:
Drug Coinsurance Percent - Brand Name Formulary</td><td>Field Name:
DGCOIBF</td><td colspan="2">Definitions and References:
The percent of the cost of the prescription for which the individual is responsible, for a brand name drug contained in the formulary.</td></tr>
<tr><td>Field Description:
<u>Length</u>
3.2</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
DGTCD, DGCOPGF, DGCOPGN, DGCOPBF, DGCOPBN, DGCOPO, DGCOIGF, DGCOIGN, DGCOIBN, DGCOIO, DGIDED, DGFDED, DGICOI, DGFCOI</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
New with TM3</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:</td></tr>
</table>

Element Number: 00050M	**Descriptive Name:** Drug Coinsurance Percent - Brand Name Non-Formulary	**Field Name:** DGCOIBN	**Definitions and References:** The percent of the cost of the prescription for which the individual is responsible, for a brand name drug not contained in the formulary.	
Field Description:				
Length 3.2	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** DGTCD, DGCOPGF, DGCOPGN, DGCOPBF, DGCOPBN, DGCOPO, DGCOIGF, DGCOIGN, DGCOIBF, DGCOIO, DGIDED, DGFDED, DGICOI, DGFCOI	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-2	
Intra Element Validation and References: Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** New with TM3	
Data Source: Insurer	**External Reference:**			
Comments:				

<table>
<tr><td>Element Number:
00051M</td><td>Descriptive Name:
Drug Coinsurance Percent - Other</td><td>Field Name:
DGCOIO</td><td colspan="2">Definitions and References:
The percent of the cost of the prescription for which the individual is responsible, for a brand name drug not in other drug coinsurance categories.</td></tr>
<tr><td>Field Description:
<u>Length</u>
3.2</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
DGTCD,
DGCOPGF,
DGCOPGN,
DGCOPBF,
DGCOPBN,
DGCOPO,
DGCOIGF,
DGCOIGN,
DGCOIBF,
DGCOIBN,
DGIDED,
DGFDED,
DGICOI,
DGFCOI</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
New with TM3</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:</td></tr>
</table>

<table>
<tr><td>Element Number:
00052M</td><td>Descriptive Name:
Drug Individual Deductible</td><td>Field Name:
DGIDED</td><td colspan="2">Definitions and References:
The total out of pocket prescription drug expense an individual is responsible for within a plan year before the insurer pays the full cost of prescription drugs excluding co-payments and co-insurance when applicable.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
DGTCD, DGCOPGF, DGCOPGN, DGCOPBF, DGCOPBN, DGCOPO, DGCOIGF, DGCOIGN, DGCOIBF, DGCOIBN, DGCOIO, DGIDED, DGFDED, DGICOI, DGFCOI</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:</td></tr>
</table>

<table>
<tr><td>Element Number:
00053M</td><td>Descriptive Name:
Drug Family Deductible</td><td>Field Name:
DGFDED</td><td colspan="2">Definitions and References:
The total out of pocket prescription drug expense that a family would incur within a plan year before the insurer pays the full cost of prescription drugs excluding co-payments and co-insurance when applicable.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
DGTCD, DGCOPGF, DGCOPGN, DGCOPBF, DGCOPBN, DGCOPO, DGCOIGF, DGCOIGN, DGCOIBF, DGCOIBN, DGCOIO, DGIDED, DGICOI, DGFCOI</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-2</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:</td></tr>
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Element Number: 00054M	**Descriptive Name:** Drug Individual Coinsurance	**Field Name:** DGICOI	**Definitions and References:** The maximum amount of co-insurance, for prescription medications, an individual is responsible for within a plan's year.	
Field Description: Length 9.0	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** DGTCD, DGCOPGF, DGCOPGN, DGCOPBF, DGCOPBN, DGCOPO, DGCOIGF, DGCOIGN, DGCOIBF, DGCOIBN, DGCOIO, DGIDED, DGFDED, DGFCOI	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-2	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** This field was 5 numerics in TM2, but 9 in TM3.	
Data Source: Insurer	**External Reference:**			
Comments:				

Element Number: 00055M	**Descriptive Name:** Drug Family Coinsurance	**Field Name:** DGFCOI	**Definitions and References:** The maximum amount of co-insurance, for prescription medications, a family is responsible for within a plan's year.	
Field Description: Length 9.0	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** DGTCD, DGCOPGF, DGCOPGN, DGCOPBF, DGCOPBN, DGCOPO, DGCOIGF, DGCOIGN, DGCOIBF, DGCOIBN, DGCOIO, DGIDED, DGFDED, DGICOI	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-2	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** This field was 5 numerics in TM2, but 9 in TM3.	
Data Source: Insurer	**External Reference:**			
Comments:				

Element Number: 00056M	**Descriptive Name:** Dental Individual Deductible (Basic)	**Field Name:** DNIDE	**Definitions and References:** The total out of pocket dental expense an individual is responsible for within a plan year before the insurer pays the full cost of dental services excluding co-payments and co-insurance when applicable. This applies to the basic dental coverage plan provision.	
Field Description:				
Length 9.0	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** DNFDE, DNICO, DNFCO, DNCOP	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-3	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** This field was 5 numerics in TM2, but 9 in TM3.	
Data Source: Insurer	**External Reference:**			
Comments:				

<table>
<tr><td>Element Number:
00057M</td><td>Descriptive Name:
Dental Family Deductible (Basic)</td><td>Field Name:
DNFDE</td><td colspan="2">Definitions and References:
The total out of pocket dental expense that a family would incur within a plan year before the insurer pays the full cost of dental services excluding co-payments and co-insurance when applicable. This applies to the basic dental coverage plan provision.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
DNIDE,
DNICO,
DNFCO,
DNCOP</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-3</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.</td></tr>
</table>

DNICO

Element Number: 00058M	**Descriptive Name:** Dental Individual Coinsurance (Basic)	**Field Name:** DNICO	**Definitions and References:** The maximum amount of co-insurance, for dental services, an individual is responsible for within a plan year. This applies to the basic dental coverage plan provision.	
Field Description:			Expected Value for Missing Data	Fill Rate Expected (KHIIS Average)
Length 9.0	Data Type Numeric	Justification Right	Null	NA
Security Level: Restricted	**Related Data:** DNIDE, DNFDE, DNFCO, DNCOP	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-3	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** This field was 5 numerics in TM2, but 9 in TM3.	
Data Source: Insurer	**External Reference:**			
Comments: Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.				

Element Number: 00059M	**Descriptive Name:** Dental Family Coinsurance (Basic)	**Field Name:** DNFCO	**Definitions and References:** The maximum amount of co-insurance, for dental services a family is responsible for within a plan year. This applies to the basic dental coverage plan provision.	
Field Description:				
Length	Data Type	Justification	Expected Value for Missing Data	Fill Rate Expected (KHIIS Average)
9.0	Numeric	Right	Null	NA
Security Level: Restricted	**Related Data:** DNIDE, DNFDE, DNICO, DNCOP	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-3	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** This field was 5 numerics in TM2, but 9 in TM3.	
Data Source: Insurer	**External Reference:**			

Comments:
Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.

<table>
<tr><td>Element Number:
00060M</td><td>Descriptive Name:
Dental Coinsurance Percent (Basic)</td><td>Field Name:
DNCOP</td><td colspan="2">Definitions and References:
The proportion of the cost of dental services that is the member's responsibility to pay. This is commonly reported as a percentage. For the KHIIS database report the proportion or fractional amount rather than as a percentage. For example, a 20% co-insurance is to be submitted as 020. This applies to the basic dental coverage plan provision.</td></tr>
<tr><td>Field Description:
<u>Length</u>
3.2</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
DNIDE, DNFDE, DNICO, DNFCO</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-3</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field remained unchanged from TM2 to TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.</td></tr>
</table>

<table>
<tr><td>Element Number:
00061M</td><td>Descriptive Name:
Dental Individual Deductible (BLA)</td><td>Field Name:
DNIDEA</td><td colspan="2">Definitions and References:
The total out of pocket dental expense an individual is responsible for within a plan year before the insurer pays the full cost of dental services excluding co-payments and co-insurance when applicable. This applies to the dental coverage plan provision designated as 'A' by the insurer.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
DNFDEA, DNICOA, DNFCOA, DNCOPA</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-3</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Company policy document</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.</td></tr>
</table>

Element Number: 00062M	**Descriptive Name:** Dental Family Deductible (BLA)	**Field Name:** DNFDEA	**Definitions and References:** The total out of pocket dental expense that a family would incur within a plan year before the insurer pays the full cost of dental services excluding co-payments and co-insurance when applicable. This applies to the dental coverage plan provision designated as 'A' by the insurer.	
Field Description:				
Length 9.0	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** DNIDEA, DNICOA, DNFCOA, DNCOPA	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-3	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** This field was 5 numerics in TM2, but 9 in TM3.	
Data Source: Company policy document	**External Reference:**			
Comments: Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.				

<table>
<tr><td>Element Number:
00063M</td><td>Descriptive Name:
Dental Individual Coinsurance (BLA)</td><td>Field Name:
DNICOA</td><td colspan="2">Definitions and References:
The maximum amount of co-insurance, for dental services, an individual is responsible for within a plan year. This applies to the dental coverage plan provision designated as 'A' by the insurer.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
DNIDEA, DNFDEA, DNFCOA, DNCOPA</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-3</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.</td></tr>
</table>

Element Number: 00064M	**Descriptive Name:** Dental Family Coinsurance (BLA)	**Field Name:** DNFCOA	**Definitions and References:** The maximum amount of co-insurance, for dental services a family is responsible for within a plan year. This applies to the dental coverage plan provision designated as 'A' by the insurer.	
Field Description: Length 9.0	 Data Type Numeric	 Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** DNIDEA, DNFDEA, DNICOA, DNCOPA	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-3	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** This field was 5 numerics in TM2, but 9 in TM3.	
Data Source: Insurer	**External Reference:**			
Comments: Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.				

<table>
<tr><td>Element Number:
00065M</td><td>Descriptive Name:
Dental Coinsurance Percent (BLA)</td><td>Field Name:
DNCOPA</td><td colspan="2">Definitions and References:
The proportion of the cost of dental services that is the member's responsibility to pay. This is commonly reported as a percentage. For the KHIIS database report the proportion or fractional amount rather than as a percentage. For example, a 20% co-insurance is to be submitted as 020. This applies to the dental coverage plan provision designated as 'A' by the insurer.</td></tr>
<tr><td>Field Description:
<u>Length</u>
3.2</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
DNIDEA, DNFDEA, DNICOA, DNFCOA</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-3</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field remained unchanged from TM2 to TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.</td></tr>
</table>

Element Number: 00066M	**Descriptive Name:** Dental Individual Deductible (BLB)	**Field Name:** DNIDEB	**Definitions and References:** The total out of pocket dental expense an individual is responsible for within a plan year before the insurer pays the full cost of dental services excluding co-payments and co-insurance when applicable. This applies to the dental coverage plan provision designated as 'B' by the insurer.	
Field Description:				
Length 9.0	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** DNFDEB, DNICOB, DNFCOB, DNCOPB	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-3	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** This field was 5 numerics in TM2, but 9 in TM3.	
Data Source: Insurer	**External Reference:**			
Comments: Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.				

Element Number: 00067M	**Descriptive Name:** Dental Family Deductible (BLB)	**Field Name:** DNFDEB	**Definitions and References:** The total out of pocket dental expense that a family would incur within a plan year before the insurer pays the full cost of dental services excluding co-payments and co-insurance when applicable. This applies to the dental coverage plan provision designated as 'B' by the insurer.	
Field Description:				
Length 9.0	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** DNIDEB, DNICOB, DNFCOB, DNCOPB	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-3	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** This field was 5 numerics in TM2, but 9 in TM3.	
Data Source: Insurer	**External Reference:**			
Comments: Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.				

<table>
<tr><td>Element Number:
00068M</td><td>Descriptive Name:
Dental Individual Coinsurance (BLB)</td><td>Field Name:
DNICOB</td><td colspan="2">Definitions and References:
The maximum amount of co-insurance, for dental services, an individual is responsible for within a plan year. This applies to the dental coverage plan provision designated as 'B' by the insurer.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
DNIDEB, DNFDEB, DNFCOB, DNCOPB</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-3</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.</td></tr>
</table>

Element Number: 00069M	**Descriptive Name:** Dental Family Coinsurance (BLB)	**Field Name:** DNFCOB	**Definitions and References:** The maximum amount of co-insurance, for dental services a family is responsible for within a plan year. This applies to the dental coverage plan provision designated as 'B' by the insurer.	
Field Description:				
Length 9.0	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** DNIDEB, DNFDEB, DNICOB, DNCOPB	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-3	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** This field was 5 numerics in TM2, but 9 in TM3.	
Data Source: Insurer	**External Reference:**			
Comments: Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.				

<table>
<tr><td>Element Number:
00070M</td><td>Descriptive Name:
Dental Coinsurance Percent (BLB)</td><td>Field Name:
DNCOPB</td><td colspan="2">Definitions and References:
The proportion of the cost of dental services that is the member's responsibility to pay. This is commonly reported as a percentage. For the KHIIS database report the proportion or fractional amount rather than as a percentage. For example, a 20% co-insurance is to be submitted as 020. This applies to the dental coverage plan provision designated as 'B' by the insurer.</td></tr>
<tr><td>Field Description:
<u>Length</u>
3.2</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
DNIDEB, DNFDEB, DNICOB, DNFCOB</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-3</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field remained unchanged from TM2 to TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.</td></tr>
</table>

Element Number: 00071M	**Descriptive Name:** Dental Individual Deductible (BLC)	**Field Name:** DNIDEC	**Definitions and References:** The total out of pocket dental expense an individual is responsible for within a plan year before the insurer pays the full cost of dental services excluding co-payments and co-insurance when applicable. This applies to the dental coverage plan provision designated as 'C' by the insurer.	
Field Description:				
Length 9.0	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** DNFDEC, DNICOC, CNFCOC, DNCOPC	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-3	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** This field was 5 numerics in TM2, but 9 in TM3.	
Data Source: Insurer	**External Reference:**			
Comments: Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.				

<table>
<tr><td>Element Number:
00072M</td><td>Descriptive Name:
Dental Family Deductible (BLC)</td><td>Field Name:
DNFDEC</td><td colspan="2">Definitions and References:
The total out of pocket dental expense that a family would incur within a plan year before the insurer pays the full cost of dental services excluding co-payments and co-insurance when applicable. This applies to the dental coverage plan provision designated as 'C' by the insurer.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
DNIDEC, DNICOC, CNFCOC, DNCOPC</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-3</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.</td></tr>
</table>

<table>
<tr><td>Element Number:
00073M</td><td>Descriptive Name:
Dental Individual Coinsurance (BLC)</td><td>Field Name:
DNICOC</td><td colspan="2">Definitions and References:
The maximum amount of co-insurance, for dental services, an individual is responsible for within a plan year. This applies to the dental coverage plan provision designated as 'C' by the insurer.</td></tr>
<tr><td>Field Description:
<u>Length</u>
9.0</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
DNIDEC, DNFDEC, CNFCOC, DNCOPC</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 1 Appendix B-3</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive numeric value in zoned decimal format.</td></tr>
<tr><td colspan="3">Inter Element Validation:
Company specific.</td><td colspan="2">Production Reports:

Modifications:
This field was 5 numerics in TM2, but 9 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.</td></tr>
</table>

Element Number: 00074M	**Descriptive Name:** Dental Family Coinsurance (BLC)	**Field Name:** DNFCOC	**Definitions and References:** The maximum amount of co-insurance, for dental services a family is responsible for within a plan year. This applies to the dental coverage plan provision designated as 'C' by the insurer.	
Field Description:				
Length 9.0	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** DNIDEC, DNFDEC, DNICOC, DNCOPC	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-3	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** This field was 5 numerics in TM2, but 9 in TM3.	
Data Source: Insurer	**External Reference:**			
Comments: Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.				

Element Number: 00075M	**Descriptive Name:** Dental Coinsurance Percent (BLC)	**Field Name:** DNCOPC	**Definitions and References:** The maximum amount of co-insurance, for dental services, an individual is responsible for within a plan year. This applies to the dental coverage plan provision designated as 'C' by the insurer.	
Field Description:				
Length 3.2	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** DNIDEC, DNFDEC, DNICOC, DNFCOC	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-3	
Intra Element Validation and References: Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** This field remained unchanged from TM2 to TM3.	
Data Source: Insurer	**External Reference:**			
Comments: Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.				

Element Number: 00076M	**Descriptive Name:** Dental Individual Deductible (BLD)	**Field Name:** DNIDED	**Definitions and References:** The total out of pocket dental expense an individual is responsible for within a plan year before the insurer pays the full cost of dental services excluding co-payments and co-insurance when applicable. This applies to the dental coverage plan provision designated as 'D' by the insurer.	
Field Description:	Data Type	Justification	Expected Value for Missing Data	Fill Rate Expected (KHIIS Average)
Length 9.0	Numeric	Right	Null	NA
Security Level: Restricted	**Related Data:** DNFDED, DNICOD, DNFCOD, DNCOPD	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-3	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** This field was 5 numerics in TM2, but 9 in TM3.	
Data Source: Insurer	**External Reference:**			
Comments: Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.				

Element Number: 00077M	**Descriptive Name:** Dental Family Deductible (BLD)	**Field Name:** DNFDED	**Definitions and References:** The total out of pocket dental expense that a family would incur within a plan year before the insurer pays the full cost of dental services excluding co-payments and co-insurance when applicable. This applies to the dental coverage plan provision designated as 'D' by the insurer.	
Field Description:				
Length 9.0	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** DNIDED, DNICOD, DNFCOD, DNCOPD	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-3	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** This field was 5 numerics in TM2, but 9 in TM3.	
Data Source: Insurer	**External Reference:**			
Comments: Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.				

Element Number: 00078M	**Descriptive Name:** Dental Individual Coinsurance (BLD)	**Field Name:** DNICOD	**Definitions and References:** The maximum amount of co-insurance, for dental services, an individual is responsible for within a plan year. This applies to the dental coverage plan provision designated as 'D' by the insurer.	
Field Description: Length 9.0	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** DNIDED, DNFDED, DNFCOD, DNCOPD	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-3	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** This field was 5 numerics in TM2, but 9 in TM3.	
Data Source: Insurer	**External Reference:**			
Comments: Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.				

Element Number: 00079M	**Descriptive Name:** Dental Family Coinsurance (BLD)	**Field Name:** DNFCOD	**Definitions and References:** The maximum amount of co-insurance, for dental services a family is responsible for within a plan year. This applies to the dental coverage plan provision designated as 'D' by the insurer.	
Field Description:				
Length 9.0	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** DNIDED, DNFDED, DNICOD, DNCOPD	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-3	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** This field was 5 numerics in TM2, but 9 in TM3.	
Data Source: Insurer	**External Reference:**			
Comments: Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.				

Element Number: 00080M	**Descriptive Name:** Dental Coinsurance Percent (BLD)	**Field Name:** DNCOPD	**Definitions and References:** The maximum amount of co-insurance, for dental services, an individual is responsible for within a plan year. This applies to the dental coverage plan provision designated as 'D' by the insurer.	
Field Description:				
Length 3.2	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** DNIDED, DNFDED, DNICOD, DNFCOD	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-3	
Intra Element Validation and References: Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.				
Inter Element Validation: Company specific.			**Production Reports:** **Modifications:** This field remained unchanged from TM2 to TM3.	
Data Source: Insurer	**External Reference:**			
Comments: Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.				

Element Number: 00081M	**Descriptive Name:** Benefit Payment per Day	**Field Name:** BNPYPD	**Definitions and References:** The maximum benefit the insurer will pay on behalf of the beneficiary per day for a hospital stay.	
Field Description:				
Length: 9.0	Data Type: Numeric	Justification: Right	Expected Value for Missing Data: Null	Fill Rate Expected (KHIIS Average): NA
Security Level: Restricted	**Related Data:**	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-3	
Intra Element Validation and References: Positive numeric value in zoned decimal format.				
Inter Element Validation:			**Production Reports:** **Modifications:** This field was 5 numerics in TM2, but 9 in TM3.	
Data Source: Insurer	**External Reference:**			
Comments: This field is more frequently used in older policies.				

Element Number: 00082M	**Descriptive Name:** Special Coverage Codes	**Field Name:** SPECCD	**Definitions and References:** These are defined by the insurer to define coverage plans in lieu of delineating specific items under the plan provisions. These must be defined in the data dictionary and a reference table (database or spreadsheet) provided.	
Field Description: Length 7	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Alpha Numeric of Blank	Fill Rate Expected (KHIIS Average)
Security Level: Restricted	**Related Data:**	**Table Reference:**	**TM3 Reference:** Var. 1 Appendix B-3	
Intra Element Validation and References:				
Inter Element Validation:			**Production Reports:** **Modifications:** This field remained unchanged from TM2 to TM3.	
Data Source: Insurer	**External Reference:**			
Comments: Med Supp policies are often identified in this field as 'M', as well as other special characteristics of the data.				

Summary Files

Element Number: 00008D	**Descriptive Name:** First Date of Service	**Field Name:** FSTDS	**Definitions and References:** The first date outpatient services are received on a claim or within an encounter. The admission date is to be used for inpatients.	
Field Description: Length 8	Data Type CCYYMMDD	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) 95%
Security Level: Restricted	**Related Data:** LSTDS	**Table Reference:**	**TM3 Reference:** Var. 8 Appendix B-4	
Intra Element Validation and References: No special characters are allowed.				
Inter Element Validation:			**Production Reports:** ad hoc Reports **Modifications:** This field remained unchanged from TM2 to TM3.	
Data Source: CMS-1500 fl 24A or UB92 fl 6A	**External Reference:**			
Comments: First date of service should fall within an eligibility period.				

Element Number: 00009D	**Descriptive Name:** Last Date of Service	**Field Name:** LSTDS	**Definitions and References:** The last date outpatient services are received on a claim or within an encounter. For inpatients, the discharge date is to be used. If an inpatient has not been discharged at the end of the reporting period, this field should be filled with zeros.	
Field Description:				
Length: 8	Data Type: CCYYMMDD	Justification: Right	Expected Value for Missing Data: Null	Fill Rate Expected (KHIIS Average): Conditional
Security Level: Restricted	**Related Data:**	**Table Reference:**	**TM3 Reference:** Var. 9 Appendix B-4	
Intra Element Validation and References:				
Inter Element Validation:			**Production Reports:** ad hoc Reports **Modifications:** This field remained unchanged from TM2 to TM3.	
Data Source: CMS-1500 fl 24A or UB92 fl 6B	**External Reference:**			
Comments: Last date of service should fall within an eligibility period.				

PDDTE
Summary File

Element Number: 00010D	**Descriptive Name:** Date Paid	**Field Name:** PDDTE	**Definitions and References:** The date the claim was paid, the amount was applied to the deductible or other accounting process to close this line item. This is the key variable for data preparation.	
Field Description:				
Length: 8	Data Type: CCYYMMDD	Justification: Right	Expected Value for Missing Data: Null	Fill Rate Expected (KHIIS Average): 100%
Security Level: Restricted	**Related Data:** RPEDTE, DTPAID, RPSDTE	**Table Reference:**	**TM3 Reference:** Var. 10 Appendix B-4	
Intra Element Validation and References:				
Inter Element Validation:			**Production Reports:** ad hoc Reports, Standard Reports **Modifications:** This field remained unchanged from TM2 to TM3.	
Data Source: Insurer	**External Reference:**			
Comments: PDDTE may have values beyond the eligibility period end date for the primary insured due to processing and adjudication turnaround.				

Element Number: 00011S	**Descriptive Name:** Discharge Status	**Field Name:** DISCHG	**Definitions and References:** This field applies only to inpatients, as identified in the Claim Line of Business (var. 35, LOB = 1), and describes the discharge destination according to the codes provided in the KHIIS Technical Manual File Layout.	
Field Description:				
Length 2	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average) 95% where LOB=1
Security Level: Restricted	**Related Data:** LOB	**Table Reference:** See Table details in file layout	**TM3 Reference:** Var. 11 Appendix B-4	
Intra Element Validation and References: No special characters are allowed.				
Inter Element Validation:			**Production Reports:** ad hoc Reports, Standard Reports **Modifications:** This field remained unchanged from TM2 to TM3.	
Data Source: UB92 fl 22, Code Table	**External Reference:**			
Comments: Discharge status is not required for payment by all companies and therefore is unevenly collected.				

RESZIP
Summary File

<table>
<tr><td>Element Number:
00012S</td><td>Descriptive Name:
Resident Zip Code</td><td>Field Name:
RESZIP</td><td colspan="2">Definitions and References:
A fifteen digit field containing a five digit zip code or nine digit extended zip code in which the individual resides.</td></tr>
<tr><td>Field Description:
<u>Length</u>
15</td><td><u>Data Type</u>
Alpha/Numeric</td><td><u>Justification</u>
Left</td><td><u>Expected Value for Missing Data</u>
Blank</td><td><u>Fill Rate Expected (KHIIS Average)</u>
95%</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
RESCOU</td><td>Table Reference:
Standard Zip Code Table</td><td colspan="2">TM3 Reference:

Var. 12 Appendix B-4</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Zip codes beginning with '66' or '67' (Kansas only) no separator with trailing blanks.</td></tr>
<tr><td colspan="3">Inter Element Validation:</td><td colspan="2">Production Reports:
ad hoc Reports
Modifications:
This field was 5 characters in TM2, but 15 in TM3.</td></tr>
<tr><td>Data Source:
CMS-1500 fl 5d;
UB92 fl 13</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
For insureds who have coverage in Kansas, but reside outside of the state no data is collected.</td></tr>
</table>

RESCOU
Summary File

<table>
<tr><td>Element Number:
00013S</td><td>Descriptive Name:
Resident County</td><td>Field Name:
RESCOU</td><td colspan="2">Definitions and References:
Two letter county code for the county in which the individual resides.</td></tr>
<tr><td>Field Description:
<u>Length</u>
2</td><td><u>Data Type</u>
Alpha/Numeric</td><td><u>Justification</u>
Left</td><td><u>Expected Value for Missing Data</u>
Blank</td><td><u>Fill Rate Expected (KHIIS Average)</u>
95%</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:
Standard Zip Code and County Tables</td><td colspan="2">TM3 Reference:

Var. 13 Appendix B-4</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Kansas only county codes.</td></tr>
<tr><td colspan="3">Inter Element Validation:</td><td colspan="2">Production Reports:
ad hoc Reports
Modifications:
This field remained unchanged from TM2 to TM3.</td></tr>
<tr><td>Data Source:
Populated by KDHE</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
For insureds who have coverage in Kansas, but reside outside of the state no data is collected.</td></tr>
</table>

<table>
<tr><td>Element Number:
0007M14S</td><td>Descriptive Name:
Individual Relationship Code</td><td>Field Name:
MBRSTS</td><td colspan="2">Definitions and References:
Designates the relationship of the person for whom the claim is filed to the primary insured.</td></tr>
<tr><td>Field Description:
<u>Length</u>
2</td><td><u>Data Type</u>
Alpha/Numeric</td><td><u>Justification</u>
Left</td><td><u>Expected Value for Missing Data</u>
Blank</td><td><u>Fill Rate Expected (KHIIS Average)</u>
95%</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
MBRID</td><td>Table Reference:
Standard Individual Relationship Table</td><td colspan="2">TM3 Reference:

Var. 14 Appendix B-4</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
No special characters are allowed.</td></tr>
<tr><td colspan="3">Inter Element Validation:
This secondary key must be identical across membership and summary files. It must be identical across quarters and years of data submissions.</td><td colspan="2">Production Reports:
Ad hoc, Standard Benefit Ratio Report, Premium to Cost Ratio Report, Mental Health Parity Report, Mental Health Trends Report, Major Medical Cost Report, Pharmaceutical Cost Report
Modifications:
This field was 1 character in TM2, but 2 in TM3. Also, new values were assigned based on HIPAA standards.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:</td></tr>
</table>

TOTCHG

Summary File

<table>
<tr><td>Element Number:
00015S</td><td>Descriptive Name:
Total Charge</td><td>Field Name:
TOTCHG</td><td colspan="2">Definitions and References:
This is the total charge amount for services associated with the claim.</td></tr>
<tr><td>Field Description:
<u>Length</u>
11.2</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
100%</td></tr>
<tr><td>Security Level:
Confidential</td><td>Related Data:
LNCHG,
CLMNO</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 15 Appendix B-4</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive or negative values are submitted in zoned decimal format. No special characters are allowed in this field.</td></tr>
<tr><td colspan="3">Inter Element Validation:
TOTCHG must be greater than or equal to the corresponding ALLCHG value for a regular payment. The sum of LNCHG by claim number should equal TOTCHG in the summary file for the same claim number.</td><td colspan="2">Production Reports:
00008D
Modifications:
This field was 10.2 characters in TM2, but 11.2 in TM3.</td></tr>
<tr><td>Data Source:
CMS-1500 fl 28 or UB92 fl 47</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:</td></tr>
</table>

ALLCHG
Summary File

<table>
<tr><td>Element Number:
00016S</td><td>Descriptive Name:
Allowed Charge</td><td>Field Name:
ALLCHG</td><td colspan="2">Definitions and References:
Covered dollar amount as determined by the insurer associated with a claim.</td></tr>
<tr><td>Field Description:
<u>Length</u>
11.2</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
95%</td></tr>
<tr><td>Security Level:
Confidential</td><td>Related Data:
LNALL, CLMNO, TOTCHG, PDCHG</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 16 Appendix B-4</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive or negative values are submitted in zoned decimal format. No special characters are allowed in this field.</td></tr>
<tr><td colspan="3">Inter Element Validation:
TOTALL should equal the sum of LNALL in the detail file for a given claim.</td><td colspan="2">Production Reports:
00008D
Modifications:
This field was 10.2 characters in TM2, but 11.2 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
For Med Supp and Capitation claims allowed charges may not be available.</td></tr>
</table>

PDCHG
Summary File

<table>
<tr><td>Element Number:
00017S</td><td>Descriptive Name:
Paid Charge</td><td>Field Name:
PDCHG</td><td colspan="2">Definitions and References:
Amount actually paid by the insurer for services associated with a claim.</td></tr>
<tr><td>Field Description:
<u>Length</u>
11.2</td><td>
<u>Data Type</u>
Numeric</td><td>
<u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
95%</td></tr>
<tr><td>Security Level:
Confidential</td><td>Related Data:
LNPAID, CLMNO, ALLCHG, LNALL</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 17 Appendix B-4</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive or negative values are submitted in zoned decimal format. No special characters are allowed in this field.</td></tr>
<tr><td colspan="3">Inter Element Validation:
PDCHG should equal the sum of LNPAID in the detail file</td><td colspan="2">Production Reports:
ad hoc, Standard Benefit Ratio Report, Premium to Cost Ratio Report
Modifications:
This field was 10.2 characters in TM2, but 11.2 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
For capitated services paid charges may not be available. Copays, coinsurance and deductibles are applied to allowed charges and may produce a zero payment.</td></tr>
</table>

DIAG1
Summary File

Element Number: 00018S	**Descriptive Name:** Primary Diagnosis Code	**Field Name:** DIAG1	**Definitions and References:** Primary ICD9 diagnosis code associated with the claim.	
Field Description:			Expected Value for Missing Data	Fill Rate Expected (KHIIS Average)
Length 6	Data Type Alpha/Numeric	Justification Left	Blank	95%
Security Level: Confidential	**Related Data:** CLMNO, DRG	**Table Reference:** Standard ICD9 Code Table	**TM3 Reference:** Var. 18 Appendix B-4	
Intra Element Validation and References: Decimal and special characters are not allowed.				
Inter Element Validation: Primary diagnosis plus pharmacy claims frequency where LOB=3 should be equal to the total number of claims in summary table.			**Production Reports:** ad hoc Reports, Standard Reports **Modifications:** Field transferred from the detail file in TM2 to summary in TM3.	
Data Source: CMS-1500 fl 24E or UB92 fl 67	**External Reference:**			
Comments: Pharmaceutical claims may not have diagnosis codes available.				

DIAG2
Summary File

<table>
<tr><td>Element Number:
00019S</td><td>Descriptive Name:
Secondary Diagnosis Code</td><td>Field Name:
DIAG2</td><td colspan="2">Definitions and References:
ICD9 diagnosis code associated with the claim.</td></tr>
<tr><td>Field Description:
<u>Length</u>
6</td><td><u>Data Type</u>
Alpha/Numeric</td><td><u>Justification</u>
Left</td><td><u>Expected Value for Missing Data</u>
Blank</td><td><u>Fill Rate Expected (KHIIS Average)</u></td></tr>
<tr><td>Security Level:
Confidential</td><td>Related Data:
CLMNO, DRG</td><td>Table Reference:
Standard ICD9 Code Table</td><td colspan="2">TM3 Reference:

Var. 19 Appendix B-4</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Decimal and special characters are not allowed.</td></tr>
<tr><td colspan="3">Inter Element Validation:</td><td colspan="2">Production Reports:
ad hoc Reports, Standard Reports
Modifications:
Field transferred from the detail file in TM2 to summary in TM3.</td></tr>
<tr><td>Data Source:
CMS-1500 fl 24E or UB92 fl 68</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Multiple diagnosis codes are some times not available. 'E' codes are found among the diagnosis codes at any position with the exception of primary diagnosis.</td></tr>
</table>

DIAG3
Summary File

<table>
<tr><td>Element Number:
00020S</td><td>Descriptive Name:
Secondary Diagnosis Code</td><td>Field Name:
DIAG3</td><td colspan="2">Definitions and References:
ICD9 diagnosis code associated with the claim.</td></tr>
<tr><td>Field Description:
<u>Length</u>
6</td><td>
<u>Data Type</u>
Alpha/Numeric</td><td>
<u>Justification</u>
Left</td><td><u>Expected Value for Missing Data</u>
Blank</td><td><u>Fill Rate Expected (KHIIS Average)</u></td></tr>
<tr><td>Security Level:
Confidential</td><td>Related Data:
CLMNO, DRG</td><td>Table Reference:
Standard ICD9 Code Table</td><td colspan="2">TM3 Reference:

Var. 20 Appendix B-4</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Decimal and special characters are not allowed.</td></tr>
<tr><td colspan="3">Inter Element Validation:</td><td colspan="2">Production Reports:
ad hoc Reports, Standard Reports
Modifications:
Field transferred from the detail file in TM2 to summary in TM3.</td></tr>
<tr><td>Data Source:
CMS-1500 fl 24E or UB92 fl 69</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Multiple diagnosis codes are some times not available. 'E' codes are found among the diagnosis codes at any position with the exception of primary diagnosis.</td></tr>
</table>

DIAG4
Summary File

<table>
<tr><td>Element Number:
00021S</td><td>Descriptive Name:
Additional Secondary Diagnosis Code</td><td>Field Name:
DIAG4</td><td colspan="2">Definitions and References:
ICD9 diagnosis code associated with the claim.</td></tr>
<tr><td>Field Description:
<u>Length</u>
6</td><td><u>Data Type</u>
Alpha/Numeric</td><td><u>Justification</u>
Left</td><td><u>Expected Value for Missing Data</u>
Blank</td><td><u>Fill Rate Expected (KHIIS Average)</u></td></tr>
<tr><td>Security Level:
Confidential</td><td>Related Data:
CLMNO, DRG</td><td>Table Reference:
Standard ICD9 Code Table</td><td colspan="2">TM3 Reference:

Var. 21 Appendix B-4</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Decimal and special characters are not allowed.</td></tr>
<tr><td colspan="3">Inter Element Validation:</td><td colspan="2">Production Reports:
ad hoc Reports, Standard Reports
Modifications:
New to TM3</td></tr>
<tr><td>Data Source:
CMS-1500 fl 24E or UB92 fl 70</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Multiple diagnosis codes are some times not available. 'E' codes are found among the diagnosis codes at any position with the exception of primary diagnosis.</td></tr>
</table>

Element Number: 00022S	**Descriptive Name:** Additional Secondary Diagnosis Code	**Field Name:** DIAG5	**Definitions and References:** ICD9 diagnosis code associated with the claim.	
Field Description: Length 6	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average)
Security Level: Confidential	**Related Data:** CLMNO, DRG	**Table Reference:** Standard ICD9 Code Table	**TM3 Reference:** Var. 22 Appendix B-4	
Intra Element Validation and References: Decimal and special characters are not allowed.				
Inter Element Validation:			**Production Reports:** ad hoc Reports, Standard Reports **Modifications:** New to TM3	
Data Source: CMS-1500 fl 24E or UB92 fl 71	**External Reference:**			
Comments: Multiple diagnosis codes are some times not available. 'E' codes are found among the diagnosis codes at any position with the exception of primary diagnosis.				

Element Number: 00023S	**Descriptive Name:** Additional Secondary Diagnosis Code	**Field Name:** DIAG6	**Definitions and References:** ICD9 diagnosis code associated with the claim.	
Field Description: Length 6	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average)
Security Level: Confidential	**Related Data:** CLMNO, DRG	**Table Reference:** Standard ICD9 Code Table	**TM3 Reference:** Var. 23 Appendix B-4	
Intra Element Validation and References: Decimal and special characters are not allowed.				
Inter Element Validation:			**Production Reports:** ad hoc Reports, Standard Reports **Modifications:** New to TM3	
Data Source: CMS-1500 fl 24E or UB92 fl 72	**External Reference:**			
Comments: Multiple diagnosis codes are some times not available. 'E' codes are found among the diagnosis codes at any position with the exception of primary diagnosis.				

Element Number: 00024S	**Descriptive Name:** Additional Secondary Diagnosis Code	**Field Name:** DIAG7	**Definitions and References:** ICD9 diagnosis code associated with the claim.	
Field Description: Length 6	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average)
Security Level: Confidential	**Related Data:** CLMNO, DRG	**Table Reference:** Standard ICD9 Code Table	**TM3 Reference:** Var. 24 Appendix B-4	
Intra Element Validation and References: Decimal and special characters are not allowed.				
Inter Element Validation:			**Production Reports:** ad hoc Reports, Standard Reports **Modifications:** New to TM3	
Data Source: UB92 fl 73	**External Reference:**			
Comments: Multiple diagnosis codes are some times not available. 'E' codes are found among the diagnosis codes at any position with the exception of primary diagnosis.				

Element Number: 00025S	**Descriptive Name:** Additional Secondary Diagnosis Code	**Field Name:** DIAG8	**Definitions and References:** ICD9 diagnosis code associated with the claim.	
Field Description: Length 6	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average)
Security Level: Confidential	**Related Data:** CLMNO, DRG	**Table Reference:** Standard ICD9 Code Table	**TM3 Reference:** Var. 25 Appendix B-4	
Intra Element Validation and References: Decimal and special characters are not allowed.				
Inter Element Validation:			**Production Reports:** ad hoc Reports, Standard Reports **Modifications:** New to TM3	
Data Source: UB92 fl 74	**External Reference:**			
Comments: Multiple diagnosis codes are some times not available. 'E' codes are found among the diagnosis codes at any position with the exception of primary diagnosis.				

Element Number: 00026S	**Descriptive Name:** Additional Secondary Diagnosis Code	**Field Name:** DIAG9	**Definitions and References:** ICD9 diagnosis code associated with the claim.	
Field Description: Length 6	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average)
Security Level: Confidential	**Related Data:** CLMNO, DRG	**Table Reference:** Standard ICD9 Code Table	**TM3 Reference:** Var. 26 Appendix B-4	
Intra Element Validation and References: Decimal and special characters are not allowed.				
Inter Element Validation:			**Production Reports:** ad hoc Reports, Standard Reports **Modifications:** New to TM3	
Data Source: UB92 fl 75	**External Reference:**			
Comments: Multiple diagnosis codes are some times not available. 'E' codes are found among the diagnosis codes at any position with the exception of primary diagnosis.				

<table>
<tr><td>Element Number:
00027S</td><td>Descriptive Name:
First ICD9 Procedure Code</td><td>Field Name:
PRCCDE1</td><td colspan="2">Definitions and References:
Primary ICD9 procedure code associated with the claim.</td></tr>
<tr><td>Field Description:
<u>Length</u>
6</td><td><u>Data Type</u>
Alpha/Numeric</td><td><u>Justification</u>
Left</td><td><u>Expected Value for Missing Data</u>
Blank</td><td><u>Fill Rate Expected (KHIIS Average)</u>
50%</td></tr>
<tr><td>Security Level:
Confidential</td><td>Related Data:
CLMNO</td><td>Table Reference:
Standard ICD9 Procedure Code Table</td><td colspan="2">TM3 Reference:

Var. 27 Appendix B-4</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Decimal and special characters are not allowed.</td></tr>
<tr><td colspan="3">Inter Element Validation:</td><td colspan="2">Production Reports:
ad hoc Reports, Standard Reports
Modifications:
Field transferred from the detail file in TM2 to summary in TM3</td></tr>
<tr><td>Data Source:
UB92 fl 80</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Are most commonly available in hospital claims. May be found with outpatient hospital claims and some professional claims.</td></tr>
</table>

Element Number: 00028S	**Descriptive Name:** Secondary ICD9 Procedure Code	**Field Name:** PRCCDE2	**Definitions and References:** Secondary ICD9 procedure code associated with the claim.	
Field Description: Length 6	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average)
Security Level: Confidential	**Related Data:** CLMNO	**Table Reference:** Standard ICD9 Procedure Code Table	**TM3 Reference:** Var. 28 Appendix B-4	
Intra Element Validation and References: Decimal and special characters are not allowed.				
Inter Element Validation:			**Production Reports:** ad hoc Reports, Standard Reports **Modifications:** New to TM3	
Data Source: UB92 fl 81	**External Reference:**			
Comments: Are most commonly available in hospital claims. May be found with outpatient hospital claims and some professional claims.				

Element Number: 00029S	**Descriptive Name:** Additional secondary ICD9 Procedure Code	**Field Name:** PRCCDE3	**Definitions and References:** Additional secondary ICD9 procedure code associated with the claim.	
Field Description: Length 6	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average)
Security Level: Confidential	**Related Data:** CLMNO	**Table Reference:** Standard ICD9 Procedure Code Table	**TM3 Reference:** Var. 29 Appendix B-4	
Intra Element Validation and References: Decimal and special characters are not allowed.				
Inter Element Validation:			**Production Reports:** ad hoc Reports, Standard Reports **Modifications:** New to TM3	
Data Source: UB92 fl 82	**External Reference:**			
Comments: Are most commonly available in hospital claims. May be found with outpatient hospital claims and some professional claims.				

Element Number: 00030S	**Descriptive Name:** Additional secondary ICD9 Procedure Code	**Field Name:** PRCCDE4	**Definitions and References:** Additional secondary ICD9 procedure code associated with the claim.	
Field Description: Length 6	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average)
Security Level: Confidential	**Related Data:** CLMNO	**Table Reference:** Standard ICD9 Procedure Code Table	**TM3 Reference:** Var. 30 Appendix B-4	
Intra Element Validation and References: Decimal and special characters are not allowed.				
Inter Element Validation:			**Production Reports:** ad hoc Reports, Standard Reports **Modifications:** New to TM3	
Data Source: UB92 fl 83	**External Reference:**			
Comments: Are most commonly available in hospital claims. May be found with outpatient hospital claims and some professional claims.				

Element Number: 00031S	**Descriptive Name:** Additional secondary ICD9 Procedure Code	**Field Name:** PRCCDE5	**Definitions and References:** Additional secondary ICD9 procedure code associated with the claim.	
Field Description: Length 6	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average)
Security Level: Confidential	**Related Data:** CLMNO	**Table Reference:** Standard ICD9 Procedure Code Table	**TM3 Reference:** Var. 31 Appendix B-4	
Intra Element Validation and References: Decimal and special characters are not allowed.				
Inter Element Validation:			**Production Reports:** ad hoc Reports, Standard Reports **Modifications:** New to TM3	
Data Source: UB92 fl 84	**External Reference:**			
Comments: Are most commonly available in hospital claims. May be found with outpatient hospital claims and some professional claims.				

Element Number: 00032S	**Descriptive Name:** Diagnosis Related Group	**Field Name:** DRG	**Definitions and References:** Medical classification grouping patients based on diagnosis.	
Field Description: Length 3	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average) 95% where LOB=1
Security Level: Restricted	**Related Data:** DIAG1-DIGA9, PATDOB, PRCCDE1-PRCCDE5, PATSEX	**Table Reference:** Standard DRG Code Table	**TM3 Reference:** Var. 32 Appendix B-4	
Intra Element Validation and References: No special characters allowed.				
Inter Element Validation: LOB = 1			**Production Reports:** ad hoc Reports, Standard Reports **Modifications:** New to TM3	
Data Source: UB92 fl 78	**External Reference:**			
Comments: DRG is available only for hospital claims. OHCI populates DRG where it is absent among hospital claims, provided appropriate supporting information is available.				

<table>
<tr><td>Element Number:
00033S</td><td>Descriptive Name:
Coordination of Benefits</td><td>Field Name:
CBENF</td><td colspan="2">Definitions and References:
For multiple coverages, the insurer indicates their insurer status of 1=Primary, 2=Secondary, 3=Other.</td></tr>
<tr><td>Field Description:
<u>Length</u>
1</td><td><u>Data Type</u>
Alpha/Numeric</td><td><u>Justification</u>
Left</td><td><u>Expected Value for Missing Data</u>
Blank</td><td><u>Fill Rate Expected (KHIIS Average)</u>
95%</td></tr>
<tr><td>Security Level:
Confidential</td><td>Related Data:</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 33 Appendix B-4</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
No special characters allowed.</td></tr>
<tr><td colspan="3">Inter Element Validation:</td><td colspan="2">Production Reports:
ad hoc Reports, Standard Reports
Modifications:
New to TM3</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:</td></tr>
</table>

Detail Files

Element Number: elementno	**Descriptive Name:** desname	**Field Name:** fieldname	**Definitions and References:** Defref	
Field Description: Length fieldlength	Data Type datatype	Justification just	Expected Value for Missing Data expectval	Fill Rate Expected (KHIIS Average) fillrate
Security Level: security	**Related Data:** relateddata	**Table Reference:** tableref1 tableref2 tableref3	**TM3 Reference:** tm3ref1 tm3ref2 tm3eref3	
Intra Element Validation and References: intra				
Inter Element Validation: inter			**Production Reports:** production **Modifications:** modifications	
Data Source: datasource	**External Reference:** externalref			
Comments: comment				

Element Number: 00008D	**Descriptive Name:** Provider Type Code	**Field Name:** PRVTYP	**Definitions and References:** Identifies a provider as either a health care professional based on the CMS-1500 or an institutional provider based on the UB92.	
Field Description: Length 1	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average) 100% where PRVNUM is filled.
Security Level: Restricted	**Related Data:** PRVNUM, APPROV, APPTYP, REVCDE, REVMOD	**Table Reference:**	**TM3 Reference:** Var. 8 Appendix B-5	
Intra Element Validation and References: CMS-1500 PRVTYP = 1. Allowed values are 1 or 2 and blank. Blanks are allowed if information is not available.				
Inter Element Validation: PRVTYP = 1 for CMS-1500, PRVTYP = 2 for UB92.			**Production Reports:** Standard Benefit Ratio Report **Modifications:** This field remained unchanged from TM2 and TM3.	
Data Source: CMS-1500 or UB92.	**External Reference:**			
Comments: May be blank for Dental, Pharmaceutical and Capitated services.				

Element Number: 00009D	**Descriptive Name:** Provider Number	**Field Name:** PRVNUM	**Definitions and References:** Provider numbers are either the federal provider identification number, UPIN or a number assigned by the payer.	
Field Description: Length 12	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average) 100% where PRVTYP = 1 or 2
Security Level: Confidential	**Related Data:** PRVTYP, APPROV, APPTYP, REVCDE, REVMOD	**Table Reference:**	**TM3 Reference:** Var. 9 Appendix B-5	
Intra Element Validation and References: No special characters are allowed. Blank spaces are allowed if information is not available.				
Inter Element Validation: If PRVTYP = 1, PRVNUM may contain a provider number assigned by the insurer or a UPIN. If PRVTYP = 2, PRVNUM may contain a federal provider id number.			**Production Reports:** None **Modifications:** This field was 10 characters in TM2, but 12 in TM3.	
Data Source: CMS-1500 fl 17A or UB92 fl 51.	**External Reference:** Federal provider id number table, UPIN table, or insurers assignment table.			
Comments: The provider number may be encrypted for privacy reasons unless it is a Federal provider id number. PRVTYP is not standardized among insurers.				

<table>
<tr><td>Element Number:
00010D</td><td>Descriptive Name:
Provider Location</td><td>Field Name:
PRVLOC</td><td colspan="2">Definitions and References:
A zip code for the office, clinic or facility in which services are delivered.</td></tr>
<tr><td>Field Description:
<u>Length</u>
15</td><td><u>Data Type</u>
Alpha/Numeric</td><td><u>Justification</u>
Left</td><td><u>Expected Value for Missing Data</u>
Blank</td><td><u>Fill Rate Expected (KHIIS Average)</u>
90%</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:</td><td>Table Reference:
Zip Code Table</td><td colspan="2">TM3 Reference:

Var. 10 Appendix B-5</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
A 15-digit field containing 5-digit zip code or 9-digit extended zip code (left justified with no separator and trailing blanks). Must be a valid zip code.</td></tr>
<tr><td colspan="3">Inter Element Validation:</td><td colspan="2">Production Reports:
None
Modifications:
This field was 5 characters in TM2, but 15 in TM3.</td></tr>
<tr><td>Data Source:
CMS-1500 fl 33 or UB92 fl 1.</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Out of state zip codes are acceptable.</td></tr>
</table>

<table>
<tr><td>Element Number:
00011D</td><td>Descriptive Name:
Provider Specialty</td><td>Field Name:
PRVSPC</td><td colspan="2">Definitions and References:
This is the specialty of the health care professional providing services for a specific claim item.</td></tr>
<tr><td>Field Description:
<u>Length</u>
3</td><td><u>Data Type</u>
Alpha/Numeric</td><td><u>Justification</u>
Left</td><td><u>Expected Value for Missing Data</u>
Blank</td><td><u>Fill Rate Expected (KHIIS Average)</u>
80%</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
PRVTYP</td><td>Table Reference:
Appendix F: Code Tables 1A-1D for specialty coding</td><td colspan="2">TM3 Reference:

Var. 11 Appendix B-5</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Alpha numeric, no special characters allowed.</td></tr>
<tr><td colspan="3">Inter Element Validation:
If APPTYP = 1 or 2, then PRVSPC may be populated.</td><td colspan="2">Production Reports:
Standard Reports
Modifications:
This field remained unchanged from TM2 to TM3.</td></tr>
<tr><td>Data Source:
UB92 fl 83B.</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
This field may be replaced by Taxonomy Codes when implemented by HIPAA.</td></tr>
</table>

Element Number: 00012D	**Descriptive Name:** Taxonomy Code	**Field Name:** TAX	**Definitions and References:** This is the specialty of the health care professional providing services for a specific claim item.	
Field Description: Length 10	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** APPTYP, PRVSPC	**Table Reference:** Appendix F: Code Table 2 for taxonomy coding	**TM3 Reference:** Var. 12 Appendix B-5	
Intra Element Validation and References: Submitted TAX codes must match with the codes in Appendix F, the Code Table 2.				
Inter Element Validation:			**Production Reports:** None **Modifications:** This is a new code added in TM3.	
Data Source: Insurer	**External Reference:** This coding is contingent on HIPAA implementation.			
Comments: Awaiting HIPAA implementation. Taxonomy codes are unavailable for a number of insurers.				

Element Number: 00013D	**Descriptive Name:** Increment/Line Item Number	**Field Name:** LINENO	**Definitions and References:** This is a distinguishing sequential record number applicable to a claim.	
Field Description: Length 3	Data Type Numeric	Justification Right	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average) 100%
Security Level: Restricted	**Related Data:** CLMNO	**Table Reference:**	**TM3 Reference:** Var. 13 Appendix B-5	
Intra Element Validation and References: Value of data element not to exceed 999.				
Inter Element Validation:			**Production Reports:** **Modifications:** This field remained unchanged from TM2 and TM3.	
Data Source: Insurer	**External Reference:**			
Comments:				

Element Number: 00014D	**Descriptive Name:** Revenue/Procedure Code	**Field Name:** REVCDE	**Definitions and References:** Code for service provided.	
Field Description: Length 15	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average) 70%
Security Level: Restricted	**Related Data:** REVMOD	**Table Reference:** CPT, KS UB92 Revenue Codes, HCPCS, NDC, CDT Code Tables	**TM3 Reference:** Var. 14 Appendix B-5	
Intra Element Validation and References: CPT CODE: 5 char alpha numeric, may have multiple 2 char alpha numeric modifiers. REV CODE: 3 or 4 char alpha numeric. HCPCS CODE: 5 char alpha numeric, first char alpha, remaining char alpha numeric, may have multiple 2 char alpha numeric modifiers. NDC CODE: 11 char alpha numeric. CDT CODES: 5 char alpha numeric, codes begin with >D=, may have a 2 char alpha numeric modifier.				
Inter Element Validation: If CPT, then REVMOD = 1. If Revenue Code, then REVMOD = 2. If HCPCS, then REVMOD = 3. If NDC, then REVMOD = 4. If CDT, then REVMOD = 5.			**Production Reports:** ad hoc Reports, Standard Reports **Modifications:** CPT, HCPCS, NDC Code format remained unchanged from TM2 to TM3. REVENUE and CDT CODES changed. Revenue Code format changed from char 3 to char 4 from TM2 to TM3. CDT (Dental) codes are categorically coded as 5 in the Revenue Modifier field in TM3. Dental codes were coded as 3 (HCPCS) in TM2.	

Data Source:	**External Reference:**
CPT CMS-1500 fl 24D; REVCDE UB92 fl 42; HCPCS or CDT UB92 fl 42 or CMS-1500 fl 24D.	CPT CODE: CPT Code Book, (Ingenix/Medicode). REV CODE: REVCDE list, (UB-92 Kansas State Uniform Billing Manual). HCPCS CODE: HCPCS Tabular list, (HCPCS Level II Code Book, published by Ingenix/Medicode). NDC CODE: Multum Lexicon table for NDC Codes, (http://www.multum.com/Lexicon.htm). CDT CODES: HCPCS Codes list, (HCPCS Level II Code Book, Ingenix/Medicode).
Comments: Revenue codes are associated with PRVTYP = 2 (Institutional). CPT, HCPCS and CDT codes are associated mainly with professional claims where PRVTYP = 1 (Professional). However, some institutional procedure claims may be submitted using CPT codes.	

Element Number: 00015D	**Descriptive Name:** Revenue/Procedure Modifier	**Field Name:** REVMOD	**Definitions and References:** This identifies the type of Revenue/Procedure Code included in the claim detail record.	
Field Description: Length 1	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average) 70%
Security Level: Restricted	**Related Data:** REVCDE	**Table Reference:**	**TM3 Reference:** Var. 15 Appendix B-5	
Intra Element Validation and References: Alpha or special codes are not allowed, valid values are 1, 2, 3, 4, 5 and blank where data is not available.				
Inter Element Validation: If REVMOD = 1, then REVCDE is CPT4 If REVMOD = 2, then REVCDE is Revenue Code If REVMOD = 3, then REVCDE is HCPCS If REVMOD = 4, then REVCDE is NDC If REVMOD = 5, then REVCDE is CDT			**Production Reports:** ad hoc Reports, Standard Reports **Modifications:** REVMOD = 5 is a new category in TM3 and was not included in TM2.	
Data Source: Insurer	**External Reference:**			
Comments: Revenue/Procedure Modifier is used as an identifier for the Revenue/Procedure code and differs from the CPT and HCPCS modifier.				

<table>
<tr><td>Element Number:
00016D</td><td>Descriptive Name:
Service Date</td><td>Field Name:
SERDTE</td><td colspan="2">Definitions and References:
This actual date the service was provided.</td></tr>
<tr><td>Field Description:
<u>Length</u>
8</td><td><u>Data Type</u>
CCYYMMDD</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
NA</td><td><u>Fill Rate Expected (KHIIS Average)</u>
100%</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
RPSDTE, RPEDTE</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 16 Appendix B-5</td></tr>
<tr><td colspan="5">Intra Element Validation and References:</td></tr>
<tr><td colspan="3">Inter Element Validation:
Service date should be on or after the eligibility period starting date (RPSDTE) and on or before the eligibility period ending date (RPEDTE) in the Membership table.</td><td colspan="2">Production Reports:
ad hoc Reports, Standard Reports
Modifications:
This field remained unchanged from TM2 and TM3.</td></tr>
<tr><td>Data Source:
CMS-1500 fl 24A or UB92 fl 45.</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:</td></tr>
</table>

Element Number: 00017D	**Descriptive Name:** Place of Service	**Field Name:** SERPLC	**Definitions and References:** Place where services were provided.	
Field Description:			Expected Value for Missing Data	Fill Rate Expected (KHIIS Average)
Length 2	Data Type Alpha/Numeric	Justification Left	Blank	95%
Security Level: Restricted	**Related Data:** APPTYP	**Table Reference:** Appendix F: Code Table 3.	**TM3 Reference:** Var. 17 Appendix B-5	
Intra Element Validation and References:				
Inter Element Validation: Place of service may not be populated for pharmaceutical claims.			**Production Reports:** ad hoc Reports, Standard Reports **Modifications:** This field remained unchanged from TM2 to TM3. SERPLC codes are now located Appendix F: Code Table 3 instead of Code Table 2 in TM2.	
Data Source: CMS-1500 fl 24B or UB92 fl 4.	**External Reference:**			
Comments:				

Element Number: 00018D	**Descriptive Name:** Units of Service	**Field Name:** SERUNT	**Definitions and References:** This is a measure of the amount of service that is provided to a patient. Hospital days for inpatients, the quantity of pills (or other unit) prescribed for medications, and the appropriate units for other services are reported here.	
Field Description:			Expected Value for Missing Data	Fill Rate Expected (KHIIS Average)
Length 7.2	Data Type Numeric	Justification Right	Null	90%
Security Level: Restricted	**Related Data:** SERTYP	**Table Reference:**	**TM3 Reference:** Var. 18 Appendix B-5	
Intra Element Validation and References: No special characters are allowed.				
Inter Element Validation:			**Production Reports:** None **Modifications:** This field was 5.2 length in TM2, but 7.2 length in TM3.	
Data Source: CMS-1500 fl 24G or UB92 fl 46.	**External Reference:**			
Comments: Data collections are unstandardized at this time due to limitations in bill payment systems among insurers.				

Element Number: 00019D	**Descriptive Name:** Type of Unit of Service	**Field Name:** SERTYP	**Definitions and References:** Identifies the Units of Service.	
Field Description: Length 2	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average) 95%
Security Level: Restricted	**Related Data:** SERUNT	**Table Reference:**	**TM3 Reference:** Var. 19 Appendix B-5	
Intra Element Validation and References: Valid values are: 1=minutes; 2=hours; 3=days; 4=quantity. Blanks are acceptable where data is not available.				
Inter Element Validation: Where REVMOD = 4, or REVMOD = 2 and REVCDE ranges from 250 to 259. SERTYP = 4 quantity (pharmacy).			**Production Reports:** None **Modifications:** This field was 1 character in TM2, but 2 characters in TM3.	
Data Source: CMS-1500 fl 24C or UB92 fl 46.	**External Reference:**			
Comments: Categorical identifications are limited since data collections are unstandardized at this time. Limitations in bill payment systems among insurers produce uneven population of this variable.				

Element Number: 00020D	**Descriptive Name:** Therapeutic Class Code	**Field Name:** THRCLS	**Definitions and References:** Used only for claim line items that are prescription medications to identify the class or type of drug. This will be assigned by KDHE from a Standard Reference Table.	
Field Description: Length 7	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** REVCDE, REVMOD	**Table Reference:**	**TM3 Reference:** Var. 20 Appendix B-5	
Intra Element Validation and References: Data field is left blank by the insurance company. This field is populated by OHCI from a standard reference table.				
Inter Element Validation: REVCDE must be an NDC Code and REVMOD = 4			**Production Reports:** ad hoc Reports **Modifications:** This field remained unchanged from TM2 and TM3.	
Data Source: Multum Lexicon Table	**External Reference:**			
Comments: THRCLS can be identical for different active ingredients.				

Element Number: 00021D	**Descriptive Name:** Brand Name Indicator	**Field Name:** BRNDNM	**Definitions and References:** Used only for claim line items that are prescription medications to denote whether the product is either a name brand or a generic medication. This will be assigned by KDHE from a Standard Reference Table.	
Field Description: Length 1	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	**Related Data:** REVCDE	**Table Reference:**	**TM3 Reference:** Var. 21 Appendix B-5	
Intra Element Validation and References: Data field is left blank by insurance company. This field is populated by OHCI from a standard reference table.				
Inter Element Validation: REVCDE must be an NDC Code and REVMOD = 4			**Production Reports:** ad hoc Reports **Modifications:** This field remained unchanged from TM2 and TM3.	
Data Source: Multum Lexicon Table	**External Reference:**			
Comments: Brand name and generic designations may change between years.				

<table>
<tr><td>Element Number:
00022D</td><td>Descriptive Name:
Claim Action Type</td><td>Field Name:
CLMTYP</td><td colspan="2">Definitions and References:
Indicates whether action on the claim is a positive adjustment, negative adjustment, regular payment, or zero payment.</td></tr>
<tr><td>Field Description:
<u>Length</u>
2</td><td><u>Data Type</u>
Alpha/Numeric</td><td><u>Justification</u>
Left</td><td><u>Expected Value for Missing Data</u>
Blank</td><td><u>Fill Rate Expected (KHIIS Average)</u>
75%</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
LNPAID</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 22 Appendix B-5</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Acceptable values are PA, NA, RP, ZP and blank.</td></tr>
<tr><td colspan="3">Inter Element Validation:
If CLMTYP = PA, the LNPAID value must be positive
If CLMTYP = NA, the LNPAID value must be negative
If CLMTYP = RP, the LNPAID value must be positive
If CLMTYP = ZP, the LNPAID value must be zero.</td><td colspan="2">Production Reports:
None
Modifications:
This field was introduced in TM3 and was not available in TM2.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
May be blank where partially denied claims are submitted.</td></tr>
</table>

<table>
<tr><td>Element Number:
00023D</td><td>Descriptive Name:
Line Item Charge</td><td>Field Name:
LNCHG</td><td colspan="2">Definitions and References:
The amount billed for the service.</td></tr>
<tr><td>Field Description:
<u>Length</u>
11.2</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
95%</td></tr>
<tr><td>Security Level:
Confidential</td><td>Related Data:
LNPAID, LNALL, CLMTYP, TOTCHG</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 23 Appendix B-5</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive or negative values are submitted in zoned decimal format. No special characters are allowed in this field. Zero is acceptable denied claims.</td></tr>
<tr><td colspan="3">Inter Element Validation:
LNCHG must be greater than or equal to the corresponding LNALL value for a regular payment (CLMTYP = RP). The sum of LNCHG by claim number should equal TOTCHG in the summary file for the same claim number.</td><td colspan="2">Production Reports:
ad hoc Reports, Standard Reports
Modifications:
This field was 8.2 numeric in TM2, but 11.2 in TM3.</td></tr>
<tr><td>Data Source:
CMS-1500 24F
UB92 Field 47.</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Partial denied claims may be included in the detail file.</td></tr>
</table>

<table>
<tr><td>Element Number:
00024D</td><td>Descriptive Name:
Line Item Allowed</td><td>Field Name:
LNALL</td><td colspan="2">Definitions and References:
The eligible amount for the service in the insurance company contract.</td></tr>
<tr><td>Field Description:
<u>Length</u>
11.2</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
70%</td></tr>
<tr><td>Security Level:
Confidential</td><td>Related Data:
LNCHG, LNPAID, CLMTYP, ALLCHG</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 24 Appendix B-5</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive or negative values are submitted in zoned decimal format. No special characters are allowed in this field.</td></tr>
<tr><td colspan="3">Inter Element Validation:
LNALL must be less than or equal to the corresponding LNCHG and greater than or equal to LNPAID for a regular payment. (CLMTYP = RP). The sum of LNALL by claim number should equal ALLCHG in the summary file for the same claim number.</td><td colspan="2">Production Reports:
ad hoc Reports, Standard Reports
Modifications:
This field was 8.2 numeric in TM2, but 11.2 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Partial denied claims may be included in the detail file.</td></tr>
</table>

<table>
<tr><td>Element Number:
00025D</td><td>Descriptive Name:
Line Item Paid</td><td>Field Name:
LNPAID</td><td colspan="2">Definitions and References:
This is the amount actually paid by the company for the service.</td></tr>
<tr><td>Field Description:
<u>Length</u>
11.2</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
60%</td></tr>
<tr><td>Security Level:
Confidential</td><td>Related Data:
LNCHG, LNALL, CLMTYP, PDCHG</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 25 Appendix B-5</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Positive or negative values are submitted in zoned decimal format. No special characters are allowed in this field.</td></tr>
<tr><td colspan="3">Inter Element Validation:
LNPAID must be less than or equal to the corresponding LNCHG and LNALL for a regular payment. (CLMTYP = RP). The sum of LNPAID by claim number should equal PDCHG in the summary file for the same claim number.</td><td colspan="2">Production Reports:
ad hoc, Standard Benefit Ratio Report, Premium to Cost Ratio Report
Modifications:
This field was 8.2 numeric in TM2, but 11.2 in TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Partial denied claims may be included in the detail file.</td></tr>
</table>

<table>
<tr><td>Element Number:
00026D</td><td>Descriptive Name:
Date Paid</td><td>Field Name:
DTPAID</td><td colspan="2">Definitions and References:
The date the claim was paid, the amount was applied to the deductible or other accounting process to close this line item.</td></tr>
<tr><td>Field Description:
<u>Length</u>
8</td><td><u>Data Type</u>
CCYYMMDD</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
95%</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
LNPAID, PDDTE, REPDTE, RPSDTE</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 26 Appendix B-5</td></tr>
<tr><td colspan="5">Intra Element Validation and References:</td></tr>
<tr><td colspan="3">Inter Element Validation:
DTPAID should equal PDDTE.</td><td colspan="2">Production Reports:
ad hoc Reports, Standard Reports
Modifications:
This field remained unchanged from TM2 to TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
DTPAID may have values beyond the eligibility period end date for the primary insured due to processing and adjudication turnaround.</td></tr>
</table>

<table>
<tr><td>Element Number:
00027D</td><td>Descriptive Name:
Capitation Indicator</td><td>Field Name:
CAPITN</td><td colspan="2">Definitions and References:
Indicates whether this service is covered by a capitation agreement.</td></tr>
<tr><td>Field Description:
<u>Length</u>
1</td><td><u>Data Type</u>
Alpha/Numeric</td><td><u>Justification</u>
Left</td><td><u>Expected Value for Missing Data</u></td><td><u>Fill Rate Expected (KHIIS Average)</u>
100%</td></tr>
<tr><td>Security Level:
Restricted</td><td>Related Data:
LNPAID, PDCHG</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 27 Appendix B-5</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Allowed values are AY@ and AN@ only.</td></tr>
<tr><td colspan="3">Inter Element Validation:</td><td colspan="2">Production Reports:

Modifications:
This field remained unchanged from TM2 to TM3.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Plan dependent.</td></tr>
</table>

Element Number: 00028D	**Descriptive Name:** Attending/Prescribing Provider	**Field Name:** APPROV	**Definitions and References:** Attending/Prescribing Provider ID Number.	
Field Description: Length 12	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average) NA
Security Level: Confidential	**Related Data:** PRVTYP, PRVNUM, REVCDE, REVMOD, APPTYP	**Table Reference:**	**TM3 Reference:** Var. 28 Appendix B-5	
Intra Element Validation and References: No special characters are allowed. Blanks are allowed if information is not available.				
Inter Element Validation: If APPROV is populated, APPTYP should be equal to 1, 2 or 3.			**Production Reports:** ad hoc Reports **Modifications:** This field was 10 characters in TM2, but 12 in TM3.	
Data Source: CMS-1500 fl 31 or UB92 fl 82 for APPTYP = 1, or 83 if APPTYP = 2 insurer, or APPTYP=3 is NCPDP or similar billing format.	**External Reference:** UPIN Table or insurer assignment table.			
Comments: The attending/prescribing provider number (UPIN) may be encrypted for privacy reasons. This field is inconsistently populated among insures.				

Element Number: 00029D	**Descriptive Name:** Attending/ Prescribing Provider Classification	**Field Name:** APPTYP	**Definitions and References:** Used to indicate the role of the provider in the care process.	
Field Description: Length 1	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average) 95%
Security Level: Restricted	**Related Data:** PRVTYP, PRVNUM, APPROV, REVCDE, REVMOD,	**Table Reference:**	**TM3 Reference:** Var. 29 Appendix B-5	
Intra Element Validation and References: Allowed values are 1, 2, 3 and blank. Blanks are allowed where information is not available.				
Inter Element Validation: Provider Type = 1 (Professional), valid responses include: 1=Attending Physician when fl 17A = 31 on CMS-1500 or 82 is populated on the UB92; APPTYP (Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD =4 or REVCDE contains an 11 digit code.			**Production Reports:** ad hoc Reports, Standard Reports **Modifications:** This field remained unchanged from TM2 to TM3.	
Data Source: CMS-1500, UB92 or NCPCP claims or similar billing format.	**External Reference:**			
Comments: This field is inconsistently populated among insures.				

Element Number: 00030D	**Descriptive Name:** Deductible	**Field Name:** DEDUCT	**Definitions and References:** The dollar amount incurred for a specific service applied to the deductibles according to the plan provisions.	
Field Description: Length 11.2	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Confidential	**Related Data:** LNPAID, PDCHG, LNALL, ALLCHG	**Table Reference:**	**TM3 Reference:** Var. 30 Appendix B-5	
Intra Element Validation and References: Positive or negative values are submitted in zoned decimal format. No special characters are allowed in this field.				
Inter Element Validation:			**Production Reports:** ad hoc Reports, Standard Reports **Modifications:** This field was 9.2 numeric in TM2, but 11.2 in TM3.	
Data Source: Insurer	**External Reference:**			
Comments: Plan dependent.				

Element Number: 00031D	**Descriptive Name:** Coinsurance	**Field Name:** COINS	**Definitions and References:** This is the amount an individual is responsible for in addition to meeting their deductible requirements as specified in their policy. This is often a percentage of the charges (total or allowed depending on the type of plan).	
Field Description:				
Length 11.2	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Confidential	**Related Data:** LNPAID, PDCHG, LNALL, ALLCHG	**Table Reference:**	**TM3 Reference:** Var. 31 Appendix B-5	
Intra Element Validation and References: Positive or negative values are submitted in zoned decimal format. No special characters are allowed in this field.				
Inter Element Validation: COINSF, COINSP, COINSO, COINSC, DGCOIGF, DGCOIGN, DGCOIBN, DGCOIBF, DGCOIO, DNCOP, DNCOPA, DNCOPB, DNCOPC, DNCOPD			**Production Reports:** ad hoc Reports, Standard Reports **Modifications:** This field was 9.2 numeric in TM2, but 11.2 in TM3.	
Data Source: Insurer	**External Reference:**			
Comments: Plan dependent. In TM2 Co-Insurance and Co-Pay were reported in the same field and thus were indistinguishable. These items were separated with the implementation of TM3 effective January 1, 2003.				

<table>
<tr><td>Element Number:
00032D</td><td>Descriptive Name:
Copay</td><td>Field Name:
COPAY</td><td colspan="2">Definitions and References:
This is a predetermined fee for which an individual is responsible for each of the services he uses. This is generally a flat fee per service.</td></tr>
<tr><td>Field Description:
<u>Length</u>
11.2</td><td><u>Data Type</u>
Numeric</td><td><u>Justification</u>
Right</td><td><u>Expected Value for Missing Data</u>
Null</td><td><u>Fill Rate Expected (KHIIS Average)</u>
NA</td></tr>
<tr><td>Security Level:
Confidential</td><td>Related Data:
LNPAID, PDCHG, LNALL, ALLCHG</td><td>Table Reference:</td><td colspan="2">TM3 Reference:

Var. 32 Appendix B-5</td></tr>
<tr><td colspan="5">Intra Element Validation and References:
Values are submitted in zoned decimal format. No special characters are allowed in this field.</td></tr>
<tr><td colspan="3">Inter Element Validation:</td><td colspan="2">Production Reports:
ad hoc Reports, Standard Reports
Modifications:
This field was introduced in TM3 and was not available in TM2.</td></tr>
<tr><td>Data Source:
Insurer</td><td colspan="4">External Reference:</td></tr>
<tr><td colspan="5">Comments:
Plan dependent. In TM2 Co-Insurance and Co-Pay were reported in the same field and thus were indistinguishable. These items were separated with the implementation of TM3 effective January 1, 2003.</td></tr>
</table>